2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 15, 2006 8:00 am Secretary of State

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DOCUMENT # N0500005060 1. Entity Name THE TOWNHOMES AT LIGHTHOUSE COVE II CONDOMINIUM ASSOCIATION, INC									04-26-	-2006 90	212 033 ,	****61.25
Principal Place 551 N. CATTI SUITE 202 SARASOTA, F	LEMEN RD. Fl 34232		551 N Suite Saras	Address N. Cattlemen RD E 202 Sota, FL 34232	i.					nii 80m 80m 8	Militia III e d d n	111111 111111
2. Principal P	Tace of Busin	MANAGEMENT,	3. Maili	ADVANCED	MANA	GEME	NT, IN					
9031	1 TOWN	VEST FLORIDA CENTER PARKY	VAV	PROFESSION 9031 TOWN	CENT	FR PAR)A RKWAY	03282006	Chg-NP	CR	2E037 (11/0	5)
City 25%	DENTO	N, FL 34202	City	BRABENTON	V, FL 3	34202		4. FEI Numbe	-2860	1517		Applied For Not Applicable
Zíp		Country	Zip		Çou	intry		5. Certificate	of Status Desi	red 🔲	\$8.75 Fee Requ	Additional ired
	6. Name	and Address of Curre	nt Registere	d Agent		Namo		7. Name and	Address of N	ew Registe	red Agent	
SHIELDS, 1833 HENI		PHER J			·		ogied Fi	ANCED M SOUTHWE	ANAGEME	ENT, INC		
FT. MYER	S, FL 339	901					903	1 TOWN C	ENTER PA	TRKWAY	· · · · · · · · · · · · · · · · · · ·	
						City		ADENTON,			FL Zip C	ode
6. The above	named entit					*						
the obligat	lions of regist	y submits this statement tered agent.		>				ed agent, or bot		206	am familiar w	th, and accept
	Storeaus, typed	tered agent.		>	E Registere	d Agent signer			4-20	Make c		• to
	Signature, typed Filling Fe Due by fi	or printed name of registered ap	ent and tife if appl	9. Election Cen Trust Fund C	E Registere	d Agent signer	Live required	\$5.00 May B Added to Fees	-4- <i>2</i>	Make ci Florida De	neck payable partment of	e to State
SIGNATURE	Spreams repeated by the Due by the SELLING.	or priced rame of registered appears to priced r	ent and tife if appl	9. Election Can	E: Registerer npaign F contributi 11. ITLE NAM STRE	is Agent signer Tinancing Ion.	ASI Nove	\$5.00 May Bi Added to Fees	WICES TO OF	Make ci Fiorida Do FICERS ANI	neck payable partment of DIRECTORS	e to State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

SIGNATURE: _	Dero	4
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	ЮЯ