

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

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

04-26-2006 90212 033 ****61.25

DOCUMENT # N05000005060 1. Entity Name THE TOWNHOMES AT LIGHTHOUSE COVE II CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 551 N. CATTLEMEN RD. SUITE 202 SARASOTA, FL 34232		Mailing Address 551 N. CATTLEMEN RD. SUITE 202 SARASOTA, FL 34232	
2. Principal Place of Business ADVANCED MANAGEMENT, INC. OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		3. Mailing Address ADVANCED MANAGEMENT, INC. OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202	
City BRADENTON, FL 34202		City BRADENTON, FL 34202	
Zip 34202		Zip 34202	
Country USA		Country USA	
4. FEI Number 20-2869517		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name ADVANCED MANAGEMENT, INC. Street Address (If Not Applicable) OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY City BRADENTON, FL 34202	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SELLINGER, JOHN 438 INTERSTATE BLVD. SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ASB DOUGLAS E WILSON 9031 TOWN CENTER PKWY BRADENTON, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V REGO, MICHAEL 438 INTERSTATE BLVD. SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P BENSON, STEVEN 551 N. CATTLEMEN RD. - SUITE 202 SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SQUITIERI, ANTHONY J 551 N. CATTLEMEN RD. - SUITE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V DANIELE, ANDREA 551 N. CATTLEMEN RD. - SUITE 202 SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ST CAMPBELL, E. MICHAEL 551 N. CATTLEMEN RD. - SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		4-20-06 (941) 359-1134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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