2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # 753364 1. Entity Name TOWNHOMES OF LIGHTHOUSE POINT, INC.							tary 01 008 90024 010		
Principal Place of Business 21-26-ME 441FLST. LIGHTHOUSE POINT, FL 33074 US Mailing Address P. 0. BOX 5082 LIGHTHOUSE POINT, FL 33074				US			2-1 1, 215; 215; 215; 215; 215		ar di ree
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. St		Suite, Apt. #, etc.			01092008	3 Chg-NP	CR2E037 (1	2/06)	
City & State		City & State	Dity & State		4. FEI Num 65-02	nber 200519		-	lied For Applicable
Zip	Country	Zip	Count	try	5. Certifica	ite of Status Desired		75 Addition	
6.	Name and Address of Current Regi	stered Agent			7. Name a	nd Address of Nev	v Registered Agen	t -	
STAVORS, GEORGIA				Name INSER TONES					
2126 NE 44TH ST. LIGHTHOUSE POINT. FL 33064				Street Address (P.O. Box Number is Not Acceptable)					
LIGHTHOUSE	20INT, FL 33064			کری	Whome	POINT	FC 330	645	010
				City 0			FL 2	Zip Code	
the obligations of SIGNATURE	d entity submits this statement for the registered agent. e. typod or printed name of registered agent and tith		egistered	onice or regi	istered agent, or t	octn, in the State of	riorida. I am famili	ar with, an	па ассерт
		if applicable. (NOTE:	: Flegistered A	Agent signature rec	quired when reinstating)		DAFE		
	g Fee is \$61.25 by May 1, 2008	9. Election Cam Trust Fund Co	paign Fina	ancing _	\$5.00 May Added to Fe		Make check pay lorida Departmer		te
Due	g Fee is \$61.25	9. Election Cam Trust Fund Co	paign Fina	ancing _	\$5.00 May Added to Fe		Make check pay orida Departmer	nt of Stat	
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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 eath; 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:

La fre FNGER JONE.

1/1.108 954-942-9316