

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718085

FILED
Jan 23, 2016
Secretary of State
CC3358892431

Entity Name: LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, INC.

Current Principal Place of Business:

4502 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

SWIFT MANAGEMENT
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

FEI Number: 59-1297761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHENDELL, LARRY ESQ.
3650 N FEDERAL HIGHWAY
SUITE 202
LIGHTHOUSE POINT, FL 33064 US

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.

SIGNATURE: LARRY SHENDELL

01/23/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name IACOVELLA, FRANK
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name MACHERAS, BERNADETTE
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name VIGLIANO, JAMES
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title SECRETARY
Name GARTLAND, RANDALL
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name FABRIZIO, THOMAS
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title SECRETARY
Name LYE, THIAM
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name MASTRELLA, PAUL
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name EVELYN, MOON
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK IACOVELLA

PRES

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name SHAPIRO, LAURA
Address SWIFT MANAGEMENT
 1750 UNIVERSITY DR #205
City-State-Zip: CORAL SPRINGS FL 33071