

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 718085

**Entity Name:** LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, INC.

**FILED  
Mar 10, 2016  
Secretary of State  
CC7201523001**

**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

03/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
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 DECRESCENZO, ANTHONY  
Address SWIFT MANAGEMENT  
1750 UNIVERSITY DR #205  
City-State-Zip: CORAL SPRINGS FL 33071

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

Title DIRECTOR  
Name MAXWELL, JEFFREY  
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 SALAY, SUSAN  
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:** NEIL CURCIO

TREAS

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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