

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753364

**FILED**  
**Jun 24, 2020**  
**Secretary of State**  
**5562607326CC**

**Entity Name:** TOWNHOMES OF LIGHTHOUSE POINT, INC.

**Current Principal Place of Business:**

2426 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

2426 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 65-0200519

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROY, DAVID R ESQ  
4209 N FEDERAL HWY  
POMPANO BEACH, 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name AVALLONNE, SUSANNE  
Address 2102 NE 44TH ST.  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR  
Name BLOCK, VICTORIA  
Address 2110 NE 44 ST  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR, PRESIDENT  
Name ANTONELLI, EDWARD  
Address 2181 NE 44TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR, SECRETARY  
Name JONES-PETERSON, INGER  
Address 2112 NE 44TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR, TREASURER  
Name BERGES-HANAN, ELICIA  
Address 2138 NE 44TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** EDWARD ANTONELLI

**PRESIDENT**

**06/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date