

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005060

**Entity Name:** THE TOWNHOMES AT LIGHTHOUSE COVE II CONDOMINIUM  
ASSOCIATION, INC

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC7015837323**

**Current Principal Place of Business:**

C/O ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
SARASOTA, FL 34240

**Current Mailing Address:**

C/O ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
SARASOTA, FL 34240 US

**FEI Number: 20-2869517**

**Certificate of Status Desired: No**

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

ICON MANAGEMENT SERVICES, INC.  
5284 PAYLOR LANE  
SARASOTA, FL 34240 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: DENNIS K COLLETTI**

**04/27/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name OTTAVIANO, JOESPH  
Address C/O ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
City-State-Zip: SARASOTA FL 34240

Title DST  
Name TAMMY , STROM  
Address C/O ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR, PRESIDENT  
Name TERRY, VAN CUREN  
Address C/O ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
City-State-Zip: SARASOTA FL 34240

Title ASST. SECRETARY  
Name DICK, KASEY  
Address C/O ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
City-State-Zip: SARASOTA FL 34240

*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: KASEY DICK**

**ASSISTANT SECRETARY 04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date