

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005060

**Entity Name:** THE TOWNHOMES AT LIGHTHOUSE COVE II CONDOMINIUM  
ASSOCIATION, INC**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**4460938768CC****Current Principal Place of Business:**5540 STATE ROAD 64 EAST  
SUITE 220  
BRADENTON, FL 34208**Current Mailing Address:**4654 STATE ROAD 64 EAST  
SUITE 503  
BRADENTON, FL 34208 US**FEI Number: 20-2869517****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ICON MANAGEMENT SERVICES, INC.  
5540 STATE ROAD 64 EAST  
SUITE 220  
BRADENTON, FL 34208 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****03/20/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, TREASURER
Name	OTTAVIANO, JOESPH
Address	5540 STATE ROAD 64 EAST SUITE 220
City-State-Zip:	BRADENTON FL 34208

Title	DIRECTOR, PRESIDENT
Name	TERRY, VAN CUREN
Address	5540 STATE ROAD 64 EAST SUITE 220
City-State-Zip:	BRADENTON FL 34208

Title	ASST. SECRETARY
Name	ICON MANAGEMENT
Address	5540 STATE ROAD 64 EAST SUITE 220
City-State-Zip:	BRADENTON FL 34208

Title	VP, DIRECTOR
Name	FOSCO, JERRY
Address	5540 STATE ROAD 64 EAST SUITE 220
City-State-Zip:	BRADENTON FL 34208

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: ICON MANAGEMENT****ASSISTANT SECRETARY 03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date