

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292290

FILED
Apr 09, 2009
Secretary of State

Entity Name: LIGHTHOUSE TERRACE, INC.

Current Principal Place of Business:

2200 NE 36 ST.
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2200 NE 36 ST.
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

2626 EAST COMMERCIAL BLVD, #4
FORT LAUDERDALE, FL 33308 US

FEI Number: 59-1791179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNER, LARRY E P.A
750 S. DIXIE HIGHWAY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: O'NEAL, CHUCK
Address: 101 STAG RIDGE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: O'NEAL, DORIS
Address: 101 STAG RIDGE CT
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: RONYAK, BILL
Address: 2130 NE 36TH ST APT 61
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: P () Delete
Name: CAPELLO, PETER
Address: 2130 NE 36TH ST APT 66
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S () Delete
Name: HIRCHMAN, PATRICIA
Address: 2204 NE 36TH STREET, APT 30
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: PALDINO, ANTHONY
Address: 2160 NE 36TH STREET, APT 39
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: O'NEAL, DORIS
Address: 101 STAG RIDGE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: GROSS, NORMAN
Address: 2204 NE 36TH STREET APT 28
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CAPELLO

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date