

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 010 ***150.00

DOCUMENT # 347809

1. Entity Name
LIGHTHOUSE CO-OP APARTMENTS INC



Principal Place of Business
4730 PINE TREE DR
MIAMI BEACH, FL 33140

Mailing Address
220 71ST STREET
SUITE 207
MIAMI BEACH, FL 33141

60025841



03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

4730/4740 PINE TREE DR

3. Mailing Address

P.O. BOX 415342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

59-1296537

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of How Registered Agent

THE WALL MGMT., CORP
220 71 STREET SUITE 207
MIAMI BEACH, FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME DAKSHESH, KUMAR
STREET ADDRESS 7899 NE BAYSHORE CT, # 2C
CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ Change ☒ Addition
NAME KELLY, SHEILA
STREET ADDRESS 4730 PINE TREE DR # 02
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V ☐ Delete
NAME VOGELHUT, REID
STREET ADDRESS 4730 PINE TREE DR, # 15
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SHEFFMAN, TAMRA
STREET ADDRESS 4600 ROYAL PALM AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SANCHEZ, JORGE
STREET ADDRESS 4740 PINE TREE DR, #24
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOITE, SPRING
STREET ADDRESS 1540 MARSEILLES DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☒ Change ☐ Addition
NAME LITE, SPRING
STREET ADDRESS 1540 MARSEILLES DR
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE S ☐ Delete
NAME SACHI, J
STREET ADDRESS 4730 PINE TREE DR 17
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 305-674-0495
Date Daytime Phone #

ATTACHMENT

TITLE

D

60025841

NAME

GREENBERG, BARBARA

347809

STREET ADDRESS

63 LILLINE LANE

CITY-ST-ZIP

UPPER SADDLE RIVER, NJ 07458