FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718085 (4)

1. Corporation Name

- LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, I NC.

Principal Place of Business	Mailing Address
4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064	4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1297761 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

Deceased
COCHRAN, CLAY
4500 N. FEDERAL HWY.
#146F
LIGHTHOUSE POINT 33064

Cascone, Connie
4502 N. Fed. Hwy.
#221
Lighthouse Pt. 33064

10. Name and Address of New Registered Agent

81 Name: CASCONE, CONNIE
82 Street Address (P.O. Box Number is Not Acceptable): 4502 N. FEDERAL HWY, APT 221-C
83
84 City: LIGHTHOUSE POINT FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Connie Cascone — CONNIE CASCONE — May 6, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD Ges-Dir ☒ Change ☐ Addition
NAME	COCHRAN, CLAY	12 NAME	Cascone, Connie
STREET ADDRESS	4500 N. FEDERAL HWY., #146F	13 STREET ADDRESS	4502 N. Federal Hwy #221C
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	14 CITY-ST-ZIP	Lighthouse Pt., FL 33064
TITLE	VP	21 TITLE	VP VP-Dir ☐ Change ☐ Addition
NAME	ROBBINS, FRED	22 NAME	Robbins, Fred
STREET ADDRESS	4500 N. FEDERAL HWY., #370H	23 STREET ADDRESS	4500 N. Federal Hwy., #370H
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	24 CITY-ST-ZIP	Lighthouse Pt., FL 33064
TITLE	S	31 TITLE	S Sec'y-Dir ☒ Change ☐ Addition
NAME	ZMINKOWSKI, PHILOMENA	32 NAME	Jeszke, Margaret
STREET ADDRESS	4500 N. FEDERAL HWY., #171H	33 STREET ADDRESS	4502 N. Federal Hwy #225C
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	34 CITY-ST-ZIP	Lighthouse Pt., FL 33064
TITLE	T	41 TITLE	T Treas-Dir ☒ Change ☐ Addition
NAME	CASCONE, CONNIE	42 NAME	True, George
STREET ADDRESS	4502 N. FEDERAL HWY., #221C	43 STREET ADDRESS	4500 N. Federal Hwy. #354F
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	44 CITY-ST-ZIP	Lighthouse Pt., FL 33064
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: George C True — GEORGE C TRUE — 5/6/95 — 943-7438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036052