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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

373405 - 90055 - 30

DOCUMENT # 718085

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/17/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1297761 — Applied For ☐ Not Applicable ☒
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KAYE & ROGER P.A.
6261 NW 6TH WAY
STE 103
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD (PD)	☒ Change ☐ Addition
NAME	RUSSELL, THOMAS J.		1.2 NAME	ANDREW ECONOMOPOULOS	
STREET ADDRESS	4502 N FEDERAL HWY #240E		1.3 STREET ADDRESS	4502 N. FEDERAL HWY #233	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064		1.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE	VD	☐ DELETE	2.1 TITLE	VP (VD)	☒ Change ☐ Addition
NAME	BENNETT, KENNETH		2.2 NAME	MARY ANN CASATELLI	
STREET ADDRESS	4500 N FEDERAL HWY #357G		2.3 STREET ADDRESS	4500 N. FEDERAL HWY # 347	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE	SD	☐ DELETE	3.1 TITLE	SECRETARY (SD)	☒ Change ☐ Addition
NAME	MURPHY, JANE A.		3.2 NAME	PATSY A. HILL	
STREET ADDRESS	4502 N FEDERAL HWY #237E		3.3 STREET ADDRESS	4502 N. FEDERAL HWY # 320	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064		3.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE	TD	☐ DELETE	4.1 TITLE	TREAS. (TD)	☒ Change ☐ Addition
NAME	TRUE, GEORGE C		4.2 NAME	MARLENE P. RUSSELL	
STREET ADDRESS	4500 N FEDERAL HWY #354		4.3 STREET ADDRESS	4502 N. FEDERAL HWY #240	
CITY-ST-ZIP	LIGHTHOUSE PT FL		4.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Marlene P. Russell — 4/8/99 — (954) 782-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #