2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State
06-30-2005 90001 001 ****61.25

DOCUMENT # 718085

1. Entity Name
LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, INC.

50054250

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

06222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Robert Kaye & Associates, P.A.
Street Address (P.O. Box Numbers Not Acceptable): 6261 NW 6th Way
Suite 103
City: Ft. Lauderdale, FL 33309 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: Robert Kaye President 6/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAYNOR, STEVEN 4502 FEDERAL HWY #342 LIGHTHOUSE POINT, FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY ANN CASATELLI, PD 4502 FEDERAL HWY LIGHTHOUSE PT., FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TODD, DIANE 4502 N. FEDERAL HWY LIGHTHOUSE, FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL KILIUS, VPD 4502 FEDERAL HWY LIGHTHOUSE PT., FL. 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MONAHAN, PAT 4502 FEDERAL HWY #322 LIGHTHOUSE POINT, FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NANCY NADEAU, SD 4502 FEDERAL HWY LIGHTHOUSE PT., FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUSSELL, MARLENE P 4502 N. FEDERAL HWY #240 LIGHTHOUSE POINT, FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAT MONAHAN, TD 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BERT AUFREITER 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GARY KIPPES 4502 FEDERAL HWY LIGHTHOUSE PT., FL 33064	☐ Change ☒ Addition

12. 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 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 617, 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: MaryAnn Casatelli MARYANN CASATELLI 6/22/05 954-782-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #