2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90012 039 ****61.25

DOCUMENT # 726804

1. Entity Name
LIGHTHOUSE VIEW CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
2737 NE 28TH ST LIGHTHOUSE POINT, FL 33064	2737 NE 28TH ST LIGHTHOUSE POINT, FL 33064

01062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1675662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIFFMAN, DIANE 2750 NE 28 CT LIGHTHOUSE POINT, FL 33064	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	P JACKSON, LAURE 2750 NE 28 CT N 8 LIGHTHOUSE POINT, FL 33064	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JIM FISHER 2753 NE 28ST., E-5 LHP FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP BUCK, BERNIE 2750 NE 28 CT N 7 LIGHTHOUSE PT, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERNARDI, KEN 2753 N.E. 28 ST W 6 LIGHTHOUSE POINT, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHIFFMAN, DIANE 2750 NE 28TH COURT LIGHTHOUSE PT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY-TREAS.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHASSEY, TOM 2753 NE 28 ST E 4 LIGHTHOUSE POINT, FL 33064	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CLIFFORD REED 2750 NE 28 CT, N2 LHP FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Diane Schiffman DIANE SCHIFFMAN 2/06/07 9547858285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Resubmitted 2/21/07