

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743658

FILED
Jan 12, 2009
Secretary of State

Entity Name: LIGHTHOUSE POINT GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1951 N.E. 39TH STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

1951 N.E. 39TH STREET
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 59-1201636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER POLIAKOFF & STREITFELD, P.A.
3111 STIRLING RD.
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF P.A.
3111 STIRLING RD.
FT LAUDERDALE, FL 33312 US

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.

SIGNATURE: LEE BURG, ATTY.

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CLERMONT, RICHARD
Address: 1951 NE 39TH STE 248
City-St-Zip: LIGHTHOUSE, FL 33064

Title: PD () Delete
Name: WELCH, CAROLYN
Address: 1951 NE 39TH ST. STE 354 BLDG 4
City-St-Zip: LIGHTHOUSE, FL 33064

Title: D () Delete
Name: WUESTEWALD, JOHN
Address: 1951 NE 39TH ST., #128, BLDG 1
City-St-Zip: LIGHTHOUSE, FL 33064

Title: SEC () Delete
Name: WHELAN, MAGGIE
Address: 1951 NE 39TH ST. STE 242
City-St-Zip: LIGHTHOUSE, FL 33064

Title: D () Delete
Name: SADLE, HARIK A
Address: 1951 NE 39TH ST #323
City-St-Zip: LIGHTHOUSE, FL 33064

Title: D () Delete
Name: DIAN, CAROL
Address: 1951 NE 39TH ST., #360, BLDG 5
City-St-Zip: LIGHTHOUSE, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN WELCH,

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date