FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 745323 (6)

1. Corporation Name

LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10191 W SAMPLE RD STE 203********** CS FL 33065 US	10191 W SAMPLE RD STE 203 CS FL 33065 US

3. Date Incorporated or Qualified: 12/20/1978

3a. Date of Last Report: 03/17/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2001001 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDERAZZO, JAMES
10191 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065

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	TD	☒ DELETE	1.1 TITLE	S/TD	☐ Change ☑ Addition
NAME	~~BARBARA REYNOLDS~~		1.2 NAME	D'ESPIES, JOSEPHINE	
STREET ADDRESS	~~1800 NE 39 ST.~~		1.3 STREET ADDRESS	1800 NE 39 ST	
CITY-ST-ZIP	~~POMPANO BEACH FL~~		1.4 CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	TROIANI, BILL		2.2 NAME	JORGENSON, WAYNE	
STREET ADDRESS	1800 NE 39 ST.		2.3 STREET ADDRESS	1800 NE 39ST	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	☒ DELETE	3.1 TITLE	~~SD~~ D	☐ Change ☑ Addition
NAME	~~CHIAPPETTA, SHARON~~		3.2 NAME	Jeanette Mayo	
STREET ADDRESS	~~1800 NE 39 ST.~~		3.3 STREET ADDRESS	1779 NE 40th Place	
CITY-ST-ZIP	~~POMPANO BEACH FL~~		3.4 CITY-ST-ZIP	Pompano, FL 33064	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~KUBACKA, JOSEPH~~		4.2 NAME	HANNERS, H. WAYNE	
STREET ADDRESS	~~1800 NE 39 ST.~~		4.3 STREET ADDRESS	1800 NE 39 ST	
CITY-ST-ZIP	~~POMPANO BEACH FL~~		4.4 CITY-ST-ZIP	~~POMPANO BEACH FL~~	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~STRONCEK, VICKI~~		5.2 NAME	MARRS, FRANK	
STREET ADDRESS	~~1800 NE 39 ST.~~		5.3 STREET ADDRESS	1800 NE 39 ST	
CITY-ST-ZIP	~~POMPANO BEACH FL~~		5.4 CITY-ST-ZIP	~~POMPANO BEACH FL~~	
TITLE			6.1 TITLE	PD	☐ Change ☐ Addition
NAME			6.2 NAME	FRAZER, KATHLEEN	
STREET ADDRESS			6.3 STREET ADDRESS	1800 NE 39 ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	POMPANO BEACH FL	

CR2E037 (12/95)

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)(k), 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: X Kathleen Frazer 4-30-96 (954) 785-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #