FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

- I REMIRI BURIN MOREN ANNA INGIN FINAM BIJA MINIK DIRAN ANDIR MUNIK MEMICAKAN INDI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(6)

DOCUMENT # LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place	e of Business		Mailing A	Mailing Address					118	Belle L uu lli j a			iiri sibi i bii			0
10191 W SAMPLE RD STE 203 CS FL 33065			STE 203	10191 W SAMPLE RD												
US			US	US										te of Last Report 05/01/1996		
2. Principal P	lace of Busin	0088	⊢ ¬	2a. Mailing Address 26					4. FEI Number 59-2001001							olied For Applicable
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.					5. Certific	ate of Sta	atus Des	sired		•		dditional
City & State	6			City & State					6. Election	п Сатра	ign Fina	incing		\$5	.00	May Be
23			28	28				Trust Fu			tribution					Fees
Zip		Country	Zip	Zip Cot					8. This corporation has liability for intang							
24		25	29							Florida Statutes						
	9. Name	and Address of		31	Name		0. Name	and Add	ress of	New He	gistered	Agent				
011.050	4770 IALI	FA			ľ	"	Name									
	AZZO, JAM / SAMPLE F						2 Street Address (P.O. Box Number is Not Acceptable)									
STE 203																
CORAL	springs f	L 33065			1	34	City						FL	85	Zip C	ode
			17.0502 and 617.150										ourpose o			
office or re	egistered ag m famlliar wit	ent, or both, in th th, and accopt the	e State of Florida. Suc o obligations of, Secti	ch change was on 617.0503, F	s authorized Florida Statu	by tes	the corp	oration'	s board of	directors	s. I heret	by acce	ot the app	oointmer	nt as r	egistered
SIGNATURE .		•	tored agent and title if applica													
·)11: Registered	Ager	nt signature	required w					DATE							
12.	<u> </u>		RS AND DIRECTORS		13.	_		·		NS/CHA	NGES T	O OFFIC	DERS AND			
TITLE		ESPIES		☐ DELETE	1.1 TITL		ļ	STU) Colors	TAS	C 0 111	A.C.		Cha	mge	Addition
NAME	1800 NE	, JOSEPHINE			1.2 NAM			1) 63	SPICS, ONE	795	T	<i>V V</i>				
STREET ADDRESS		O BEACH FL						000	PANO	ACAT.	n Fl	<u>'</u>				
CITY-ST-ZIP TITLE	VD	IO DENOTTE		DELETE	1.4 CIT			PO	raro.	JE 17 C.				Cha	nne	Addition
NAME	TROIANI	RILL		<u>na</u> outere	2.2 NAN		}	Vat	Ly FRA	ZER					,g o	<u></u> ,
STREET ADDRESS	1800 NE						ADDRESS	175	Y FRA	39	Th C	DUC.	5,#13	305		
CITY-ST-ZIP		IO BEACH FL			2. 4 CIT				PAND							
TITLE	D			DELETE	3.1 1/1			7						Chr	inge	Addition
NAME	JORGEN	SON, WAYNE			3.2 NAN	ŧΕ		Wil	liam OONE MAAN	Bu	ndu	1 ,,				•
STREET ADORESS	1800 NE	•			3.3 STR	EET.	ADDRESS	180	OONE	39 4	e ct	1 1	001			
CITY-ST-ZIP	POMPAN	IO BEACH FL			3.4. CIT	Y-8	1 - ZIP	Por	nPAR	10 1	3 ch	·P	1. 33	864	1	
TITLE	D			DELETE	4.1 TITL	E		D.		0				Cha	ange	Addition
NAME		EANETTE			4. 2 NA	ME	- 1	CHE	RSKOV, SI NE	KEGI	N#		مدمد الجدا			
STREET ADDRESS	1779 NE	40TH PL			4.3 STR	EET .	ADDRESS	395	51 NE	187	· A	ve.,:	#15C	>7		
CITY-ST-ZIP	POMPAN	IO FL			4.4 CiT)	(-\$I	1 - ZIP	POR	MANO	BEP	ich,	FL	<u>330</u>	104		
TITLE	D			☐ DELETE	5.1 TITL	E	ļ		•					☐ Cha	ınge	Addition
NAME	HANNER				5.2 NAN	ΑE										
STREET ADDRESS	1800 NE				5.3 STR	EET.	ADDRESS									
CITY-ST-ZIP		IO BEACH FL		52	5.4 CITY		1-21P									· · · · · · · · · · · · · · · · · · ·
TITLE	D	EDANI/		DELETE	6.1 TITE									L Cha	inge	Addition
NAME	MARRS,				6 2 NAN		ļ									
STREET ADDRESS	1800 NE				63 STR	EE1	ADDRESS									
CITY-ST-ZIP	POMPAN	io BCH FL			6.4 CITY	/- \$1	1-2IP									

I do 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.