FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90023 035 ****61.25

0022130

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745323**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/20/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2001001 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	STD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DESPIES, JOSEPHINE		1.2 NAME	NOWAK, MITCHEL	
STREET ADDRESS	1800 NE 39 ST		1.3 STREET ADDRESS	3951 NE 17TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FL.33064	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, PENNI		2.2 NAME		
STREET ADDRESS	3951 NE 18TH AVE #1501		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRAZER, RICHARD		3.2 NAME		
STREET ADDRESS	1759 NE 39TH CT #1305		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANCHINO, RICHARD		4.2 NAME		
STREET ADDRESS	1821 NE 40TH CT #305		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL 33064		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	HANNERS, H. W		5.2 NAME	WELLING, CINDY	
STREET ADDRESS	1800 NE 39 ST.		5.3 STREET ADDRESS	3900 NE 19TH ROAD	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH, FL.33064	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-25-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #