2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90209 019 ****61.25

DOCUMENT # 745323

1. Entity Name

LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WATSON PROPERTY MANITUC P.O. BOX 880328 BOCA RATON FL 33488-0328 US	C/O WATSON PROPERTY MANITUC P.O. BOX 880328 BOCA RATON FL 33488-0328 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
INTEGRITY PROPERTY MGT.	INTEGRITY PROPERTY MGT
Suite, Apt. #, etc.: 953 UNIVERSITY DR	Suite, Apt. #, etc.: P.O. BOX 8726
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL.
Zip: 33071 Country: USA	Zip: 33075 Country:

4. FEI Number: 59-2001001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONERGAN, JOHN R
12520 WORLD PLAZA LANE
SUITE #1
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: CYNTHIA WHITE C/O INTEGRITY PROPERTY MGT
Street Address (P.O. Box Number is Not Acceptable): 953 UNIVERSITY DR
City: CORAL SPRINGS FL Zip Code: 33071

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: Cynthia White
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	DP RUSSO, JOE 1779 NE 40TH PLACE #403 POMPANO BEACH FL 33064	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP VILLARD, NANCY 1780 NE 39TH CT. #903 POMPANO BEACH FL 33064	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STUBBS, JEEVA 3951 NE 17 AVE #708 POMPANO BEACH FL 33064	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROWN, GAYLE 1750 NE 39TH CT #806 POMPANO BEACH FL 33064	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, ANNE 3951 NE 17 AVE #701 POMPANO BEACH FL 33064	☒ Delete	D PROCACCINI, ELIZABETH 1800 NE 40TH ST #206 POMPANO BEACH, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 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: Cynthia White CFO 4/30/04 954-346-067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #