

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90160 012 ****61.25

DOCUMENT # 745323

1. Entity Name
LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O LIGHTHOUSE ASSETS, INC.
3170 N FEDERAL HWY #100
LIGHTHOUSE POINT, FL 33064 US**

Mailing Address
**C/O LIGHTHOUSE ASSETS, INC.
3170 N FEDERAL HWY #100
LIGHTHOUSE POINT, FL 33064 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2001001

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROBERT H
3170 N FERDERAL HIGHWAY
SUITE 100
LIGHTHOUSE POINT, FL 33064**

Name **JUDITH RUSHLOW PAUL SHAPIRO**

Street Address (P.O. Box Number is Not Acceptable)

**1800 NE 40TH COURT #203
2771 TREASURE COVE CIRCLE**

City **FT. LAUDERDALE FL** Zip Code **33312**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **SD** ☒ Delete
NAME **RIEKER, EVELYN**
STREET ADDRESS **3951 NE 17TH AVE.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **TD** ☐ Change ☒ Addition
NAME **JAMES BECKER**
STREET ADDRESS **1774 NE 39 COURT #1107**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **PD** ☒ Delete
NAME **STUBBS, JEEVA**
STREET ADDRESS **3951 NE 17 AVE #708**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **VD** ☐ Change ☒ Addition
NAME **REBECCA PHILLIPS**
STREET ADDRESS **1800 NE 40TH COURT #204**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **DV** ☐ Delete
NAME **RUSHLOW, JUDITH**
STREET ADDRESS **1800 NE 40TH CT #203**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **PD** ☒ Change ☐ Addition
NAME **RUSHLOW, JUDITH**
STREET ADDRESS **1800 NE 40TH COURT #203**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **DT** ☒ Delete
NAME **WADE, WAYNE**
STREET ADDRESS **1779 NE 40TH PLACE #401**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **GAYLE BROWN**
STREET ADDRESS **1750 NE 39TH COURT #806**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☒ Delete
NAME **NICK, TRACY**
STREET ADDRESS **1779 NE 40TH PL., #405**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Judith R. Rushlow

4-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #