


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|  |  |  |  |   |   |  |  |
|--|--|--|--|---|---|--|--|
| <b>DOCUMENT # 745323</b><br>1. Entity Name<br><b>LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |  |    |   | <b>FILED</b><br><b>07 JUL 11 AM 1:26</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>C/O LIGHTHOUSE ASSETS, INC.</b><br><b>3170 N FEDERAL HWY #100</b><br><b>LIGHTHOUSE POINT, FL 33064 US</b>  |  |  |  | Mailing Address<br><b>C/O LIGHTHOUSE ASSETS, INC.</b><br><b>3170 N FEDERAL HWY #100</b><br><b>LIGHTHOUSE POINT, FL 33064 US</b>   |   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |  |
| 4. FEI Number<br><b>59-2001001</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>SHARPE, PAUL SHAPIRO, Paul</b><br><b>2771 TREASURE COVE CIRCLE</b><br><b>SUITE 100</b><br><b>FT. LAUDERDALE, FL 33064</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Grace E. Desiderio</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3900 N.E. 17th Ave., #1405</b><br>City <b>Pompano BEACH</b> <b>FL</b> <b>33064</b> |   |  |  |
| 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.<br>SIGNATURE <u>Grace E. Desiderio, President</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>PHILLIPS, REBECCA <input checked="" type="checkbox"/> Delete<br>1800 NE 40TH COURT #204<br>POMPANO BEACH, FL 33064 |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD GRACE DESIDERIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3900 N.E. 17th AVE # 1405<br>POMPANO BEACH, FL 33064         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BROWN, GAYLE <input type="checkbox"/> Delete<br>1750 NE 39TH COURT #806<br>POMPANO BEACH, FL 33064                  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D GAYLE BROWN <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1750 N.E. 39th COURT # 806<br>POMPANO BEACH, FL 33064                        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>RUSHLOW, JUDITH <input checked="" type="checkbox"/> Delete<br>1800 NE 40TH CT #203<br>POMPANO BEACH, FL 33064      |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STreas<br>LINDSAY I GRANDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3951 N.E. 18th AVE # 1503<br>POMPANO BEACH, FL 33064 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BECKER, JAMES <input checked="" type="checkbox"/> Delete<br>1779 NE 39 COURT #1107<br>POMPANO BEACH, FL 33064      |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>DICK SWEENEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1780 N.E. 39th COURT # 903<br>POMPANO BEACH, FL 33064        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>JAMES BECKER<br>1779 NE 39 COURT #1107<br>POMPANO BEACH, FL 33064               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>B 7/12/07   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300106259673<br>07/17/07--01020--011 **\$1.25  |  |  |
| 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: <u>Grace E. Desiderio</u> <u>7/5/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |   |   |  |  |