


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90060 044 ****61.25

DOCUMENT # 745323	
1. Entity Name LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3907 N. FEDERAL HWY BOX 192 POMPANO BEACH, FL 33064 US	Mailing Address 3907 N. FEDERAL HWY BOX 192 POMPANO BEACH, FL 33064 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2001001	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TMG MANAGEMENT 2641 E. ATLANTIC BLVD. SUITE 310 POMPANO BEACH, FL 33062	7. Name and Address of New Registered Agent Name <u>TMG MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>1304 C. EAST ATLANTIC BLVD</u> City <u>POMPANO BEACH</u> FL <u>33060</u>
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New Address
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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, 2008

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	VP CLEVINGER, ANTHONY 1750 N.E. 39TH COURT #808 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADRIENNE SHAW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3900 NE 19TH RD, # 104 DIRECTOR POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GAYLE <input type="checkbox"/> Delete 1750 NE 39TH COURT #806 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRANDE, LINDSAY I <input type="checkbox"/> Delete 3951 N.E. 18TH AVE #1503 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST <input type="checkbox"/> Change <input type="checkbox"/> Addition LINDSAY IL GRANDE 3951 NE 18TH AVE #1503 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, JAMES <input type="checkbox"/> Delete 1779 NE 39 COURT #1107 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, DICK <input type="checkbox"/> Delete 1780 N.E. 39TH COURT #903 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: L. Il Grande VP ST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-781-4112