

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753364

FILED
Jan 15, 2009
Secretary of State

Entity Name: TOWNHOMES OF LIGHTHOUSE POINT, INC.

Current Principal Place of Business:

2126 NE 44TH ST.
LIGHTHOUSE POINT, FL 33074 US

New Principal Place of Business:

2112 NE 44TH ST.
LIGHTHOUSE POINT, FL 33074 US

Current Mailing Address:

P. O. BOX 5082
LIGHTHOUSE POINT, FL 33074 US

New Mailing Address:

FEI Number: 65-0200519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, INGER
2112 NE 44 STREET
POMPAHO BEACH, FL 330645010 US

Name and Address of New Registered Agent:

JONES, INGER
2112 NE 44 STREET
LIGHTHOUSE POINT, FL 33064 US

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.

SIGNATURE:

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: AVALLONIS, SUSANIE
Address: 210 NE 44ST
City-St-Zip: LIGHT HOUSE POINT, FL 33064

Title: P () Delete
Name: MORGAN, JULES
Address: 2128 NE 44TH ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S () Delete
Name: JONES, INGER
Address: 2112 NE 44 ST
City-St-Zip: LIGHT HOUSE POINT, FL 33064

Title: T () Delete
Name: MARSHAL, HELEN
Address: 2134 N.E. 44TH ST.
City-St-Zip: LIGHT HOUSE POINT, FL 33064

Title: D () Delete
Name: BLOCK, VICTORIA
Address: 2110 NE 44TH ST
City-St-Zip: LIGHT HOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: AVALLONNE, SUSANIE
Address: 2102 NE 44 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: P (X) Change () Addition
Name: SINOVCIC, TONY
Address: 2128 NE 44TH ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARSHAL, HELEN
Address: 2134 N.E. 44TH ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGER JONES

SECY

01/15/2009

Electronic Signature of Signing Officer or Director

Date