FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. M*8*7tham *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

762913

(2)

FILED May 22 1998 8:00am Secretary of State

| LIGHTHOUSE POINT FLOTILLA 37, INC. | | | | | | | | |
|---|--|---|---|--|------------------------|-----------------------|----------------------------|--|
| Principal Place of Business | | | | Mailing Address | | | | |
| % CARL FREDRICKS 2348 NE 30TH COURT LIGHTHOUSE POINT FL 33064 ー を185 | | | | % CARL FREDRICKS 2348 NE 30TH COURT LIGHTHOUSE POINT FL 33064—8133 | | | | 3. Date incorporated or Qualified 04/19/1982 4. FEI Number Applied For |
| | | | | | | | | 59-2375231 Not Applicable |
| 2. Principal P | lace of Busin | azor | <u>}</u> -, | 2a. Mailing Address | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 21 | | | | [26] | | | | Fee Required |
| Suite, Apt. | #, Ø[C. | | | Suite, Apt. #, etc. | | | | Election Campaign Financing Trust Fund Contribution Added to Fees |
| City & Stat | 6 | | | City & State | | | | Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? |
| 23 | | | — <u> </u> | 28 | | | | Yes No |
| Zip | | | | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | | | 29 30 | | | | Personal Property Tax due June 30. Yes No N/# |
| Name and Address of Current Registered Agent 81 | | | | | | | Name | 10. Name and Address of New Registered Agent |
| | | | | | | • | Name | |
| FREDRICKS, CARL 2348 NE 30TH COURT LIGHTHOUSE POINT FL 33064—8133 | | | | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| | | | | | | 83 | | |
| | | | | | | | | |
| | | | | | | 84 | City | FL 85 Zip Code |
| 11. Pursuant | to the provis | ions of Sections | 617.0502 and 61 | 7.1508, Florida Statu | tes, the al | bove | -named c | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | | OFFICE | RS AND DIRECT | TORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | | OELETE 1.1 | | 1.1 TiTLE | | ☐ Change ☐ Addition |
| NAME | | llum, robert | | 1.2 (| | ame | 1 | |
| STREET ADDRESS 1100 S. OCEAN BLVD #09 | | | | ■" | | | ADDRESS | |
| CITY-ST-ZIP | | NO BEACH FL | 33062 | | | | r-ZIP | |
| TITLE | VD VD | 016 5UBV # | | OELETE | 2.1 T/ | | | ☐ Change ☐ Addition |
| NAME | | OLD, RUDY E | #404 | | | | | |
| STREET ADDRESS 299 NW 52 TERRACE #421 | | | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | | | | | | | T-ZIP | Change Addition |
| NAME | FREDRICKS, CARL | | | | | 3.1 TITLE 3.2 NAME | | La Stitute |
| STREET ADDRESS | AA | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | A SALES AND DOLLER BY ARRAY ALSO | | | | | 3.4. CITY-ST-ZIP | | |
| TITLE | W/b A | | | DELETE | 4.1 Ti | | | Change Addition |
| NAME | 1 | OBERT | e huge | / | 4. 2 N | AME | | |
| STREET ADDRESS | 10 | 31 11 | > SAVE | FL 38 obs | 4.3 S1 | TREET . | ADDRESS | |
| CITY-ST-ZIP | 10 | DD ANG | BEACH I | A1 22000 | 4.4 Ci | 11Y-S1 | I - 7 IP | |
| TITLE | | / | | DELETE | 5.1 Ti | TL€ | | ☐ Change ☐ Addition |
| NAME | | | | | 5.2 N/ | | | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | 5.4 CITY DELETE 6.1 TITL | | | -ZIP | ☐ Change ☐ Addition |
| TITLE | | | | ⊢ DELETE | | | | Change Addition |
| NAME OTDCET ADDDESS | | | | | 6.2 N/ | | ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | ADDRESS | |
| 14. Thereby o | certify that th | e information suc | plied with this fili | ng does not qualify t | or the exe | ity-Si empt | ion stated | in Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| indicated officer or | on this annu director of th | ial report or such ne corporation or | lemental annual r the receiver or tru an ajtachment w | report is true and ac ustee empowered to | curate an execute t | d tha this r | at my signa eport as re | ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 617, Florida Statutes; and that my name appears in |