## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### **DOCUMENT # 762913**

1. Corporation Name

#### LIGHTHOUSE POINT FLOTILLA 37, INC.

# FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90018 047 \*\*\*\*61.25

	•					- 45·	4284 - 90018 - 47			
Principal Place										
% Carl Fredricks 2348 NE 30TH COURT LIGHTHOUSE POINT FL 33064-133 US		% CARL FREDRICKS 2348 NE 30TH COURT LIGHTHOUSE POINT FL 33064-133 US								
2. Principal Pl	ace of Business	2a. Mailing Address			3.	Date Incorporated or 04/19/1982	Qualifed			
1		26				FEI Number		1 1	anlied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	<b>59-237523</b> 1	•	<del>  -</del>	opplied For lot Applicable	
2 City & State		City & State					<del></del>	<del></del>	Additional	
Oily & Stati		28			5.	Certifcate of Status D	esired 🔲	•	Required	
Zip	Country	Zip	Cou	intry	6.	Election Campaign Fi	nancing	\$5.00	May Be	
م آ	25 29		30			Trust Fund Contribution Added to Fees				
<u></u>	9. Name and Address of Current	<del></del>			10.	Name and Address	of New Register	ed Agent		
				81 Name					-	
FREDRICK	S. CARL			82 Street	Address (F	P.O. Box Number is No	t Acceptable)		· <b></b>	
2348 NE 30TH COURT							. ,			
	ISE POINT FL 33064			83		4				
				84 City	<del></del>			85 Zip	Code	
	<u> </u>									
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of the control of	ons of, Section 617.0503, Fix	orida Stat	of the corp utes.	oration's D	oard or directors. There	by accept the ap	pomunent as i	registered	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature		ADDITIONS/CHANGE:			ORS IN 12	
	PO )	DELETE	1.1 TI	TI F	PD			☐ Change		
	MACCALLUM, ROBERT K		1.2 N		103	PH SAFON	175		70	
VAME	1100 S. OCEAN BLVD #09			TREET ADORESS	4341	CORNE SPA	INGS DA	1 Vit		
STREET ADDRESS	POMPANO BEACH FL 33062		1	TY-ST-ZIP	COLA	4 SPRING	5 FL 33	obs -		
CITY-ST-ZIP	DD CONTAINS DEAGHTE 30002	DELETE	2.1 Ti		1.70			☐ Change	Addition	
NAME	FREDRICKS, CARL	<del></del>	2.2 N		12/1	AN m. BU	₹ROWS	,	,	
STREET ADDRESS	2348 NE 30TH CT			TREET ADDRESS	266	THOUSE PO	PEET		,	
	LIGHTHOUSE POINT FL 33064-8	133		HTY-ST-ZIP	1164	THOUSE PO	WT Ph 3	33066		
CITY-ST-ZIP	VD.	<b>∑</b> \$⊅ELETE	3.1 TI		N. E.	,,,,		☐ Change	Addition	
NAME	LUNN, ROBERT E	<b>/-</b> ,	3.2 N							
STREET ADDRESS	13031 N E 28TH AVENUE		3.3 \$	TREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33012		1	ITY-ST-ZIP				<u>:</u>		
TITLE	<u> </u>	☐ DELETE	4,1 Ti					☐ Change	Addition	
NAME			4.21	IAME	1.			•	•	
STREET ADDRESS		•	4.3 S	TREET ADDRESS						
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP				, :		
TITLE		☐ DELETE	5.1 ∏	TLE				☐ Change	Addition	
NAME			5.2 N	AME		٠ .				
STREET ADDRESS			5.3 8	TREET ADDRESS						
CITY+ST-ZIP	14 to 14 to 1	· .	5.4 C	ITY-ST-ZIP						
TITLE	V - 2	☐ DELETE	· , 6.1 Ti	TLE				☐ Change	Addition	
NAME	,	•	6.2 N	AME					İ	
STREET ADDRESS		. · ·	6.3 \$	TREET ADDRESS			,		Í	
CITY-ST-ZIP		Ta**		TY-ST-ZIP	<u> </u>					
14. I hereby o	certify that the information supplied with	this filing does not qualify fo	or the exe	mption state	d in Sectio	n 119.07(3)(i), Florida S	Statutes. I further	certify that the	information	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_

Daytime Phone #

:R2E037 (11/98)