


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764559</b> 1. Entity Name LIGHTHOUSE COVE CONDOMINIUM ASSOCIATION I, INC.	
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Principal Place of Business 1406 N. OCEAN BLVD. POMPANO BEACH, FL 33062	Mailing Address 1406 N. OCEAN BLVD. POMPANO BEACH, FL 33062
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**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2491896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SLAMAN, ROBERT A 4646 W IRLON BRONSON MEM HWY KISSIMMEE, FL 34746	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDERSON, MARLYS 1406 N OCEAN BLVD. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD ROWE, HENRY 1406 N. OCEAN BLVD. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COBB, THOMAS 1406 N. OCEAN BLVD. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP BURNS, LINDA 1406 N OCEAN BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BRENNAN, JAMES 1406 N OCEAN BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000267166  
03/17/05-80059-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-2-05</b> <small>Date</small>	 <small>Daytime Phone #</small>
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