

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 764559

1. Entity Name

LIGHTHOUSE COVE CONDOMINIUM ASSOCIATION I,
INC.



Principal Place of Business

1406 N. OCEAN BLVD.
POMPAN0 BEACH, FL 33062

Mailing Address

1406 N. OCEAN BLVD.
POMPAN0 BEACH, FL 33062



01112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2491896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAMAN, ROBERT A
4646 W IRL0 BRONSON MEM HWY
KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000477711
04/06/06-80062-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, MARLYS
STREET ADDRESS	1406 N OCEAN BLVD.
CITY - ST - ZIP	POMPAN0 BEACH, FL 33062
TITLE	STD
NAME	ROWE, HENRY
STREET ADDRESS	1406 N. OCEAN BLVD.
CITY - ST - ZIP	POMPAN0 BEACH, FL
TITLE	D
NAME	COBB, THOMAS
STREET ADDRESS	1406 N. OCEAN BLVD.
CITY - ST - ZIP	POMPAN0 BEACH, FL
TITLE	DP
NAME	BURNS, LINDA
STREET ADDRESS	1406 N OCEAN BLVD
CITY - ST - ZIP	POMPAN0 BEACH, FL 33062
TITLE	VD
NAME	BRENNAN, JAMES
STREET ADDRESS	1406 N OCEAN BLVD
CITY - ST - ZIP	POMPAN0 BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/06