
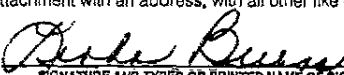


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 764560			
1. Entity Name LIGHTHOUSE COVE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 1406 N. OCEAN BLVD. POMPANO BEACH, FL 33062		Mailing Address 1406 N. OCEAN BLVD. POMPANO BEACH, FL 33062	
DO NOT WRITE IN THIS SPACE			
		01112006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2491924	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 IRLO 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
000000477725 04/06/06-80062-019 61.25			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	DAN MCKALLAGAT		
STREET ADDRESS	1406 N OCEAN BLVD		
CITY - ST - ZIP	POMPANO BEACH, FL		
TITLE	VD		
NAME	KAPLAN, RUBIA		
STREET ADDRESS	1406 N OCEAN BLVD		
CITY - ST - ZIP	POMPANO BEACH, FL		
TITLE	STD		
NAME	BURNS, LINDA		
STREET ADDRESS	1406 N OCEAN BLVD		
CITY - ST - ZIP	POMPANO BEACH, FL 33062		
TITLE	VD		
NAME	ZACCARO, FRANK		
STREET ADDRESS	1406 N OCEAN BLVD		
CITY - ST - ZIP	POMPANO BEACH, FL 33062		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 like empowered.			
SIGNATURE: 		3-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	