

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766846 (0)
1. Corporation Name
LIGHTHOUSE COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**200 GOLDEN BAY BLVD.
OAK HILL FL 32759
US**

Mailing Address
**200 GOLDEN BAY BLVD
OAK HILLS FL 32759
US**

3. Date Incorporated or Qualified
02/04/1983

3a. Date of Last Report
03/02/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3011112	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HUKILL, DOROTHY L
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, GEORGE J	1.2 NAME	Aurelio Scottaline
STREET ADDRESS	251 GOLDEN BAY BLVD.	1.3 STREET ADDRESS	278 Navajo Dr.
CITY-ST-ZIP	OAKHILL FL	1.4 CITY-ST-ZIP	Oak Hill, FL 32759
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	YD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWDA, CLAUDE M.	2.2 NAME	Helen Smith
STREET ADDRESS	259 GOLDEN BAY BLVD.	2.3 STREET ADDRESS	545 Cheyenne Dr.
CITY-ST-ZIP	OAK HILLS FL	2.4 CITY-ST-ZIP	Oak Hill, FL 32759
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JOHN H.	3.2 NAME	John H. Day
STREET ADDRESS	1507 SPRING LAKE DRIVE	3.3 STREET ADDRESS	1507 Spring Lake Dr.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARETA	4.2 NAME	Mareta L. Bell
STREET ADDRESS	247 GOLDEN BAY BLVD.	4.3 STREET ADDRESS	247 Golden Bay Blvd.
CITY-ST-ZIP	OAK HILL FL	4.4 CITY-ST-ZIP	Oak Hill, FL 32759
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JAMES W.	5.2 NAME	James W. Reed
STREET ADDRESS	65 N. ORANGE AVENUE	5.3 STREET ADDRESS	14 E. Washington St., Suite 400
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JELLISON, GLENN K	6.2 NAME	
STREET ADDRESS	144 APACHE CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida 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.

SIGNATURE:

Mareta L. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

Date

(904) 345-1525

Daytime Phone #

CR2E037 (12/95)