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FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 766846 (0)
1. Corporation Name
LIGHTHOUSE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 GOLDEN BAY BLVD.
OAK HILL FL 32759
US200 GOLDEN BAY BLVD.
OAK HILLS FL 32759-9756
US3. Date Incorporated or Qualified
02/04/19833a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SCOTTALINE, AURELIO
STREET ADDRESS 278 NAVAJO DRIVE
CITY-ST-ZIP OAKHILL FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
President
Dowda, Claude
259 Golden Bay Blvd
OAK HILL FLTITLE VD ☐ DELETE
NAME SMITH, HELEN
STREET ADDRESS 545 CHEYENNE DRIVE
CITY-ST-ZIP OAK HILLS FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME DAY, JOHN H.
STREET ADDRESS 1507 SPRING LAKE DRIVE
CITY-ST-ZIP ORLANDO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE STD ☒ DELETE
NAME BELL, MARETA
STREET ADDRESS 247 GOLDEN BAY BLVD.
CITY-ST-ZIP OAK HILL FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Board of Directors
Richard T. Keckley
271 Golden Bay Rd.
OAK HILL FL 32759TITLE D ☐ DELETE
NAME REED, JAMES W.
STREET ADDRESS 14E WASHINGTON STREET, SUITE 400
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014373

3-24-97 904-345-0869

CR2E037 (9/96)