


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 771270	
1. Entity Name LIGHTHOUSE COVE CONDOMINIUM ASSOCIATION II, INC.	

Principal Place of Business 1406 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062	Mailing Address 1406 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062
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01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2491922	Applied For <input type="checkbox"/> 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

**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 reinstating) **DATE** _____

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

000000477731
04/08/06-80082-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKALLAGAT, DAN 1406 N OCEAN BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLTON, BARBARA 1406 N. OCEAN BLV POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAMOND, ROSE 1406 N OCEAN BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: Rose Diamond ROSE DIAMOND 2-28-06 954-972-6347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #