





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90315 001 ****61.25
04-29-2005 90315 002 *****8.75

DOCUMENT # N03000008314 1. Entity Name LIGHTHOUSE COVE AT TEQUESTA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 230 VILLAGE BOULEVARD TEQUESTA FL 33469		Mailing Address 230 VILLAGE BOULEVARD TEQUESTA FL 33469			
2. Principal Place of Business 230 VILLAGE BOULEVARD Suite, Apt. #, etc.		3. Mailing Address 2880 SCHERER DRIVE, NORTH SUITE 840			
City & State TEQUESTA, FL		City & State ST. PETERSBURG, FL		4. FEI Number 51-0490330	
Zip 33469		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING FIN. & MGMT, INC. 2880 SCHERER DRIVE SUITE 840 ST. PETERSBURG FL 33716-1025				7. Name and Address of New Registered Agent Name Ronald E Cotterill Street Address (P.O. Box Number is Not Acceptable) 400 N Tampa St. Suite 2625 City Tampa FL Zip Code 33602	
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  RONALD E. COTTERILL <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/11/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWALD, ALLEN R 230 VILLAGE BOULEVARD TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CRAIG TYLOSKY 248 VILLAGE BLVD, #3101 TEQUESTA, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWALD, JILL F 230 VILLAGE BOULEVARD TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD D'ANIERI 3965-A7 INVESTMENT LANE WEST PALM BEACH, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWALD, SCOTT 230 VILLAGE BOULEVARD TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH DEL ROSSI 6 WALTER AVENUE WAKEFIELD, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELEANOR HOWE 284 VILLAGE BLVD, #9303 WEST PALM BEACH, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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:  CRAIG TYLOSKY 3/21/05 561-744-0119 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					