2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 12, 2008 8:00 am Secretary of State

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	ANN	UAL	REF	ORT	

SIGNATURE:

DOCUMENT # N04000010192 TOWNHOMES AT LIGHTHOUSE COVE COMMONS ASSOCIATION, INC. qyusv Principal Place of Business Mailing Address 9887 FOURTH STREET NORTH 551 N. CATTLEMEN RD., SUITE 202 FT. MYERS, FL 33901 #301 ST. PETERSBURG, FL 33702 2. Principal Place of Business - No P.O. Box # 3. Mailing Address JIJ SRAND HARBOUR Suite, Apt. #, etc. 4654 03012008 Chg-NP CR2E037 (12/06) 4. FEI Number 54-2164626 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam SHIELDS, CHRISTOPHER J 1833 HENDRY ST. Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33901 Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITEE Delete TITLE Addition ☐ Change SURENSEN, ANDY
SITI N. CAMERAN ROLLIE LOO READER, JIM NAME NAME STREET ADDRESS 551 N CATTLEMEN RD 300 STREET ADDRESS SARASOTA, FL 34232 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change Addition DUDRES STEVE HAN Rd NAME DANIELA, ANDREA STREET ADDRESS 551 N CATTLEMEN RD 300 STREET ADDRESS SARASOTA, FL 34232 CITY-ST-7IP CITY-ST-7IP SARA JUTA 🗶 Delete TITLE TITLE CAMPBELL, MICHAEL NAME NAME 551 N CATTLEMEN RD 202 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.