2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008290

FILED Apr 28, 2008 Secretary of State

Entity Name: THE TOWNHOMES AT LIGHTHOUSE COVE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702

Current Mailing Address: New Mailing Address:

9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702

FEI Number: 20-3485333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMPART PROPERTIES, INC. 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702 U

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.

SIGNATURE:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: DANA, CHARLES Name: WILSON, DOUG

Name: DANA, CHARLES Name: WILSON, DOUG
Address: 551 N. CATTLEMEN RD STE 300 Address: 9887 FOURTH STREET NORTH

City-St-Zip: SARASOTA, FL 34232 Address: 9887 FOURTH STREET NORTH City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD (X) Delete Title: () Change () Addition

 Name:
 ALLEGRA, ROBERT
 Name:

 Address:
 551 N. CATTLEMEN RD STE 300
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

 Name:
 DOORES, STEVE
 Name:

 Address:
 551 N. CATTLEMEN ROAD SUITE 202
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG WILSON P 04/28/2008