

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP -4 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N05000008444</b><br>1. Entity Name<br><b>THE TOWNHOMES AT LIGHTHOUSE COVE IV CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>551 N CATTLEMEN RD STE 202<br/>SARASOTA, FL 34232</b>  |   |   | Mailing Address<br><b>9887 FOURTH STREET NORTH<br/>SUITE #301<br/>ST. PETERSBURG, FL 33702</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9887 Fourth St. N.</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Ste 301</b>   |  | 06282007 Chg-NP CR2E037 (12/06)  |  |
| City & State<br><b>St. Petersburg, FL</b>  |   | City & State<br><b>St. Petersburg, FL</b>   |  | 4. FEI Number<br><b>20-4884965</b>   |  |
| Zip<br><b>33702</b>  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><del>SHIELDS, CHRISTOPHER J</del><br><del>1035 HENDRY ST</del><br><del>FT MYERS, FL 33904</del>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Rampart Properties, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9887 Fourth St N, Ste 301</b><br>City<br><b>St. Petersburg</b> <b>FL</b> Zip Code<br><b>33702</b> |  |
| 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.<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;">           SIGNATURE <i>Billy K Osburn</i> <b>BILLY K OSBURN</b><br/> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>8/28/07</b><br/> <small>DATE</small> </div> </div> |   |   |  |  |  |
| <b>Amended AR is \$61.25</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | Make check payable to:<br><b>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>DOORES, STEVE<br>551 N CATTLEMEN DR STE 202<br>SARASOTA, FL 34232    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>LABRECQUE, FRANK<br>226 CAPE HARBOUR LP # 102<br>BRADENTON, FL 34240  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>DANNA, CHARLES<br>551 N. CATTLEMEN RD, STE 300<br>SARASOTA, FL 34232  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BENJAMIN, GARY<br>2991 DICK WILSON DR.<br>SARASOTA, FL 34240   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>ALLEGRA, ROBERT<br>551 N. CATTLEMEN RD. STE 300<br>SARASOTA, FL 34232 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HUGHES, LAURA<br>335 CAPE HARBOUR LP #105<br>BRADENTON, FL 34212  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 200109182072<br>09/07/07--01012--005 **61.25   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <i>Angela B...</i> <b>President</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | 2031407 941-730-3605<br><small>Date Daytime Phone #</small>                                    |  |  |