



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90237 042 \*\*\*\*61.25

<b>DOCUMENT # N05000008444</b> 1. Entity Name <b>THE TOWNHOMES AT LIGHTHOUSE COVE IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9887 FOURTH ST N SUITE 301 ST PETERSBURG, FL 33702</b>			Mailing Address <b>9887 FOURTH ST N SUITE 301 ST PETERSBURG, FL 33702</b>		
2. Principal Place of Business - No P.O. Box # <i>c/o Argus Property Management</i> <b>2477 Stickney Point Rd #118A</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b>		3. Mailing Address <i>Argus Property Management</i> <b>2477 Stickney Point Rd #118A</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b>			
4. FEI Number <b>20-4884965</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAMPART PROPERTIES INC 9887 FOURTH ST N SUITE 301 ST PETERSBURG, FL 33702</b>			7. Name and Address of New Registered Agent Name <b>Argus Property Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>2477 Stickney Point Rd #118A</b> City <b>Sarasota</b> FL Zip Code <b>34231</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. SIGNATURE <i>Carol M. Silva</i> DATE <b>4/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LABRECQUE, FRANK - 226 CAPE HARBOUR LP #102 BRADENTON, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENJAMIN, GARY 2991 DICE WILSON DR SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHES, LAURA 335 CAPE HARBOUR LP #105 BRADENTON, FL 34212	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHES, LAURA 335 CAPE HARBOUR LP #105 BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHES, LAURA 335 CAPE HARBOUR LP #105 BRADENTON, FL 34212	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHES, LAURA 335 CAPE HARBOUR LP #105 BRADENTON, FL 34212	<input type="checkbox"/> Delete			
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>Barbara Dale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/29/08</b> Daytime Phone # <b>941-209-0885</b>	