
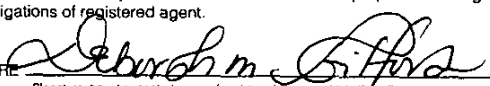
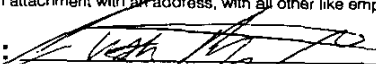


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90237 041 ****61.25

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # N06000003236 1. Entity Name THE TOWNHOMES AT LIGHTHOUSE COVE V CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 551 N CATTLEMEN ROAD SUITE 202 SARASOTA, FL 34232 | | | Mailing Address 9887 FOURTH STREET NORTH SUITE #301 ST. PETERSBURG, FL 33702 | | |
| 2. Principal Place of Business - No P.O. Box # C/o Argus Property Management Suite, Apt. #, etc. 2477 Stickney Point Rd #118A | | 3. Mailing Address C/o ARGUS Property Management Suite, Apt. #, etc. 2477 Stickney Point Rd, #118A | | | |
| City & State Sarasota | | City & State Sarasota | | 4. FEI Number 20-5670311 | |
| Zip 34231 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHIELDS, CHRISTOHER J 1833 HENDRY STREET FORT MYERS, FL 33901 | | | 7. Name and Address of New Registered Agent Name Argus Property Management Street Address (P.O. Box Number is Not Acceptable) 2477 Stickney Point Rd, #118A City Sarasota FL Zip Code 34231 | | |
| 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  DATE 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 DANA, CHARLES 551 N CATTLEMEN ROAD SUITE 202 SARASOTA, FL 34232 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Justin Ryan Green 354 Cape Harbour Loop #101 PD Bradenton, FL 34212 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ALLEGRA, ROBERT 551 N CATTLEMEN ROAD SUITE 202 SARASOTA, FL 34232 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Julia Chappell Hays 360 Cape Harbour Loop #105 STD Bradenton, FL 34212 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD DOORES, STEVE 551 N CATTLEMEN ROAD SUITE 202 SARASOTA, FL 34232 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Julia Chappell Hays Toni D. Kennedy 354 Cape Harbour Loop #103 Bradenton, FL 34212 | <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 |
| 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 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:  | | | 4-29-08 (941) 232-0003 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |