


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-12-2008 90027 028 \*\*\*\*61.25

<b>DOCUMENT # N06000003358</b> 1. Entity Name <b>THE TOWNHOMES AT LIGHTHOUSE COVE VI CONDOMINIUM ASSOCIATION, INC.</b>						
Principal Place of Business <b>551 N. CATTLEMEN ROAD SUITE 202 SARASOTA, FL 34232</b>			Mailing Address <b>9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702</b>			
2. Principal Place of Business - No P.O. Box # <b>7515 GRAND HARBOUR PKWY</b>		3. Mailing Address <b>4654 SR 64 EAST</b>				
Suite, Apt. #, etc. <b>#113</b>		Suite, Apt. #, etc. <b>#113</b>				
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>				
Zip <b>34212</b>		Country <b>U.S.</b>		Zip <b>34208</b>		
Country <b>U.S.</b>		Country <b>U.S.</b>				
4. FEI Number <b>20-5670367</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>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PD DANA, CHARLES 551 N. CATTLEMEN ROAD SARASOTA, FL 34232		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORENSEN, ANDY 551 N. CATTLEMEN RD, STE 200 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEGRA, ROBERT 551 N. CATTLEMEN ROAD SARASOTA, FL 34232		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOORES, STEVE 551 N. CATTLEMEN RD, STE 200 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOORES, STEVE 551 N. CATTLEMEN ROAD #202 SARASOTA, FL 34232		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILD HEIDORN, BOB 551 N. CATTLEMEN RD, STE 200 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.						
<b>SIGNATURE:</b> <u>Steve Doores</u>			<b>3/5/08</b>		<b>941-377-1222</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	

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