2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003358

FILED Apr 29, 2009 Secretary of State

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

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

7511 CAMDEN HARBOUR DRIVE C/O HH MANAGEMENT SERVICES BRADENTON, FL 34212 8007 34TH AVENUE EAST

BRADENTON, FL 34211

Current Mailing Address: New Mailing Address:

4654 SR 64 EAST #113 C/O HH MANAGEMENT SERVICES

BRADENTON, FL 34208 8007 34TH AVENUE EAST BRADENTON, FL 34211

FEI Number: 20-5670367 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:

COLLETTI, DENNIS

7511 CAMDEN HARBOUR DRIVE

BRADENTON, FL 34212 US

HH MANAGEMENT SERVICES

8007 34TH AVENUE EAST

BRADENTON, FL 34211 US

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: DENNIS K COLLETTI 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: PD (X) Change() Addition

Name: WILSON, DOUGLAS E Name: WILSON, DOUGLAS E

Address: 4654 SR 64 EAST #113 Address: C/O HH MGMT SERVICES, 8007 34TH AVENUE E

City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34211

Title: VP () Delete Title: VPD (X) Change () Addition

Name: LUSH, SANTRA Name: LUSH, SANTRA

Address: 4654 SR 64 EAST #113 Address: C/O HH MGMT SERVICES, 8007 34TH AVENUE E

City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34211

Title: TSD () Delete Title: TSD (X) Change () Addition Name: WILSON, MATHEW Name: WILSON, MATHEW

Address: 4654 SR 64 EAST #113 Address: C/O HH MGMT SERVICES, 8007 34TH AVENUE E

City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34211

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: DENNIS K COLLETTI RA 04/29/2009