


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13793**  
 1. Entity Name  
 LIGHTHOUSE COVE CONDOMINIUM ASSOCIATION IV, INC.



Principal Place of Business      Mailing Address  
 1406 NORTH OCEAN BLVD      1406 NORTH OCEAN BLVD  
 POMPANO BEACH, FL 33062      POMPANO BEACH, FL 33062

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-NP      CR2E037 (10/03)

4. FEI Number 59-2650681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SLAMAN, ROBERT A  
 4648 W IRLON BRONSON MEMORIAL HWY  
 KISSIMMEE, FL 34748

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACCARO, FRANK M 1406 N OCEAN BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLTON, BARBARA 381 SE 5TH CT POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAMOND, ROSE 1406 N. OCEAN BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/17/05-80018-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       3-2-05 (272)344-5475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #