


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000040371 1. Entity Name LIGHTHOUSE PROPERTIES OF AMERICA, INC.	
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04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-5044690	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DI CARLANTONIO, FERNANDA
1200 SOUTH OCEAN BLVD
SUITE C10
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P DI CARLANTONIO, FERNANDA 1200 SOUTH OCEAN BLVD, SUITE C10 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DI CARLANTONIO, FERNANDA 1200 SOUTH OCEAN BLVD SUITE C10 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DI CARLANTONIO, ERNESTO 975 CITRUS WOOD COURT LONGWOOD, FL 32750
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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04/05/04-80003-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CDC *ERNESTO DI CARLANTONIO* *4/4/04* *407-332-4777*