

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724766 (1)

1. Corporation Name
LIGHTHOUSE WAY ASSOCIATON, INC.

Principal Place of Business Mailing Address
513 LIGHTHOUSE WAY SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1972	3a. Date of Last Report 04/14/1994
4. FEI Number 23-7453720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**BURTON, DUDLEY
558 LIGHTHOUSE WAY, BOX 213
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RINGEL, CHAS 419 LIGHTHOUSE WAY SANIBEL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUCAS, WILLIAM C 630 LIGHTHOUSE WAY SANIBEL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HYNDEN, JAMES R 411 LIGHTHOUSE WAY SANIBEL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRIKSEN, DONNA 412 LIGHTHOUSE WAY SANIBEL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMPSON, JOHN W 481 LIGHTHOUSE WAY SANIBEL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURTON, DUDLEY 558 LIGHTHOUSE WAY SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRES/DIR ARTHUR W. KAUFFMAN 513 LIGHTHOUSE WAY SANIBEL FL. 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur W. Kauffman*
SIGNATURE AND TYPED OR PRINTED NAME OF NON-OFFICER OR DIRECTOR

ARTHUR W. KAUFFMAN, PRES.
JAN. 16, 1995

813-472-3719