

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724766 (1)

1. Corporation Name
LIGHTHOUSE WAY ASSOCIATON, INC.



Principal Place of Business
**513 LIGHTHOUSE WAY
SANIBEL FL 33957
US**

Mailing Address
**513 LIGHTHOUSE WAY
SANIBEL FL 33957
US**

3. Date Incorporated or Qualified
11/10/1972

3a. Date of Last Report
04/07/1995

4. FEI Number
23-7453720

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

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

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, ARTHUR W	
STREET ADDRESS	513 LIGHTHOUSE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUCAS, WILLIAM C	
STREET ADDRESS	630 LIGHTHOUSE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HYNDEN, JAMES R	
STREET ADDRESS	411 LIGHTHOUSE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRIKSEN, DONNA	
STREET ADDRESS	412 LIGHTHOUSE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMPSON, JOHN W	
STREET ADDRESS	461 LIGHTHOUSE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURTON, DUDLEY	
STREET ADDRESS	558 LIGHTHOUSE WAY	
CITY-ST-ZIP	SANIBEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RINGEL, CHARLES	
1.3 STREET ADDRESS	419 LIGHTHOUSE WAY	
1.4 CITY-ST-ZIP	SANIBEL, FL 33957	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: James R. Hynden **JAMES R. HYNDEN** 2/27/96 841-395-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)