



FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 002 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 724766							
1. Entity Name LIGHTHOUSE WAY ASSOCIATION, INC.							
Principal Place of Business 630 LIGHTHOUSE WAY SANIBEL, FL 33957 US SAMUEL		Mailing Address 440 LIGHTHOUSE WAY SANIBEL, FL 33957 US SANIBEL		<p style="font-size: 24pt; text-align: center;">60014399</p> 			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01072006 Chg-NP CR2E037 (11/05)			
4. FEI Number 23-7453720				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LARSON, RONALD R 440 LIGHTHOUSE WAY SANIBEL, FL 33957			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 <u>Ronald R Larson</u>			DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KAUFFMAN, ARTHUR W		NAME	0.11 Buffo			
STREET ADDRESS	513 LIGHTHOUSE WAY		STREET ADDRESS	553 Light House Way			
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL FL 33957			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S MARLENE DONALDSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUCAS, WILLIAM C		NAME	637 Lighthouse Way			
STREET ADDRESS	630 LIGHTHOUSE WAY		STREET ADDRESS	SANIBEL FL 33957			
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSON, RONALD R		NAME				
STREET ADDRESS	440 LIGHTHOUSE WAY		STREET ADDRESS				
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RINGEL, CHARLES W		NAME				
STREET ADDRESS	419 LIGHTHOUSE WAY		STREET ADDRESS				
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, STEVEN		NAME				
STREET ADDRESS	569 LIGHTHOUSE WAY		STREET ADDRESS				
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEMING, JERRY		NAME				
STREET ADDRESS	406 LIGHTHOUSE WAY		STREET ADDRESS				
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ronald R Larson above</u>			Date: <u>2/4/06</u> Daytime Phone #: <u>2594721743</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				