

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90027 043 ****61.25

DOCUMENT # 749421

1. Entity Name

LIGHTHOUSE SHORES MANAGEMENT CORPORATION



Principal Place of Business

4745 S ATLANTIC AVENUE
PONCE INLET FL 32127

Mailing Address

4745 S ATLANTIC AVENUE
PONCE INLET FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-2028690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEBEL, H F
4745 S ATLANTIC AVE
#206
PONCE INLET FL 32127

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME ROMANO, PATRICIA P ☐ Delete
STREET ADDRESS 4745 S ATLANTIC AVE #706
CITY-ST-ZIP PONCE INLET FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JOYNER, HAROLD ☐ Delete
STREET ADDRESS 4745 S ATLANTIC AVE 604
CITY-ST-ZIP PONCE INLET FL 32127

TITLE VD ☒ Change ☐ Addition
NAME JOYNER, HAROLD
STREET ADDRESS 4745 S ATLANTIC AVE 604
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE D ☒ Delete
NAME FEREN, WINIFRED L
STREET ADDRESS 2027 IRELAND GROVE RD
CITY-ST-ZIP BLOOMINGTON IL 60704

TITLE D ☐ Change ☒ Addition
NAME WINKLER, JOSEPH
STREET ADDRESS 127 LOHENGRIN DRIVE
CITY-ST-ZIP PITTSBURG, PA, 15209

TITLE SD ☐ Delete
NAME NEBEL, FRED H
STREET ADDRESS 4745 S ATLANTIC AVE #206
CITY-ST-ZIP PONCE INLET FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HINSON, JAMES C
STREET ADDRESS 4745 S ATLANTIC AVE 405
CITY-ST-ZIP PONCE INLET FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #