2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 749421

Entity Name: LIGHTHOUSE SHORES MANAGEMENT CORPORATION

Current Principal Place of Business:

4745 S ATLANTIC AVENUE
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4745 S ATLANTIC AVENUE
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-2028690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGER, PAUL
4745 S ATLANTIC AVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

PAUL, ROGER
4745 S ATLANTIC AVE
PORT ORANGE, FL 32127 US

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.

SIGNATURE: ROGER PAUL 01/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, DALY
Address: 506 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: ROMANO, PAT
Address: 4745 S ATLANTIC AVE. #706
City-St-Zip: PORT ORANGE, FL 32127

Title: TD ( ) Delete
Name: WINKLER, JOSEPH
Address: 127 LOHENGRIN DR.
City-St-Zip: PITTSBURGH, PA 15209

Title: P ( ) Delete
Name: PAUL, ROGER
Address: 4745 S. ATLANTIC AVE. #504
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete
Name: JAMES, HINSON
Address: 4745 S. ATLANTIC AVE. #405
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DALY, THOMAS
Address: 506 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HINSON, JAMES
Address: 4745 S. ATLANTIC AVE. #405
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER PAUL PRES 01/19/2009
Electronic Signature of Signing Officer or Director Date