

**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 # 750576 (1)**  
1. Corporation Name  
**THE LIGHTHOUSE PROPERTY OWNERS' ASSOCIATION, INC**



Principal Place of Business  
**200 LAKE MORTON LAKELAND FL 33801**

Mailing Address  
**200 LAKE MORTON LAKELAND FL 33801**

3. Date Incorporated or Qualified **01/11/1980** 3a. Date of Last Report **02/17/1995**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MARTIN, MICHAEL D.  
200 LAKE MORTON DRIVE  
LAKELAND FL 33801**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BOYET, JOHN H.	
STREET ADDRESS	4303 ROBIN LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURRAY, ROBERT P	
STREET ADDRESS	92 LAKE WIRE DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D	
STREET ADDRESS	200 LAKE MORTON	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>SECRETARY</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Murray, Robert P.	
2.3 STREET ADDRESS	92 LAKE WIRE DRIVE	
2.4 CITY-ST-ZIP	LAKELAND, FL 33801	
3.1 TITLE	PRESIDENT, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GAUNT, SELLARS, G.	
3.3 STREET ADDRESS	927 South Himes	
3.4 CITY-ST-ZIP	Tampa, FL 33627	
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: Michael D. Martin Date: 3-26-96 Daytime Phone #: 941-688-7611

CR2E037 (12/95)