


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 750576 1. Entity Name THE LIGHTHOUSE PROPERTY OWNERS' ASSOCIATION, INC	
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Principal Place of Business 200 LAKE MORTON LAKELAND, FL 33801	Mailing Address 200 LAKE MORTON LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUNTT, SELLARS G 927 SOUTH HIMES TAMPA, FL 33627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, ROBERT P 92 LAKE WIRE DRIVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, MICHAEL D 200 LAKE MORTON LAKELAND, FL
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1100000414337
 02/11/06-80033-019 61.25

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: Michael D Martin **Michael D Martin** 1/27/06 863-686-6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #