


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 750576**  
 1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARTIN, MICHAEL D.**  
**200 LAKE MORTON DRIVE**  
**LAKELAND, FL 33801**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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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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 1/8/08 863-686-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #