


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00269**

1. Entity Name  
**GEORGE'S LIGHTHOUSE POINT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

109 S. MAIN STREET      109 S. MAIN STREET  
 HAVANA FL 32333      HAVANA FL 32333  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

4. FEI Number      Applied For  
**59-2530607**      Not Applicable

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

6. Name and Address of Current Registered Agent

**JASPER, RICHARD**  
**3043 HAWKS LANDING**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature must be used with registration.)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAPP, JAMES	
STREET ADDRESS	2253 MONAGHAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JASPER, RICHARD	
STREET ADDRESS	3043 HAWKS LANDING	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENT, SANDRA	
STREET ADDRESS	2467 VICEROY COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	POOLE, LUCY	
STREET ADDRESS	2982 GOLDEN EAGLE DR EAST	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAKER, PAUL	
STREET ADDRESS	2707 MILLER LANDING ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, T.D.	
STREET ADDRESS	SEREN BRIDARS ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sandra Kent*

3-10-2008 850-383-9999