


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91247 007 \*\*\*\*61.25

<b>DOCUMENT # N01000008893</b>					
1. Entity Name LIGHTHOUSE BAY VILLAS FOUR ASSOCIATION, INC.					
Principal Place of Business 23750 OLD LIGHTHOUSE RD. BONITA SPRINGS, FL 34135		Mailing Address 23750 OLD LIGHTHOUSE RD. BONITA SPRINGS, FL 34135			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3726127	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PASSIDOMO, KATHLEEN C 2640 GOLDEN GATE PKWY., STE. 305 NAPLES, FL 34105			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALLACE, JAMES P	NAME	Fairchild, Peggy		
STREET ADDRESS	23750 OLD LIGHTHOUSE RD.	STREET ADDRESS	23801 Amalfi Court Rd.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V. President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SVOBODA, JOHN	NAME	Hawkins, Don		
STREET ADDRESS	23750 OLD LIGHTHOUSE RD.	STREET ADDRESS	10921 Salerno Bay Rd.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DWIER, EDWARD	NAME	Molz, Barbara		
STREET ADDRESS	23750 OLD LIGHTHOUSE RD.	STREET ADDRESS	10930 Salerno Bay Rd		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	ASST. Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	C.S. SPEECH, JR		
STREET ADDRESS		STREET ADDRESS	5332 Cypress Ln		
CITY-ST-ZIP		CITY-ST-ZIP	Alga Ave #1 34133		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>C.S. Speech, Jr</u>		Date: <u>4/27/04</u>		Daytime Phone #: <u>28-284-4221</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

34083344



04272004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL Zip Code