

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008893

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** LIGHTHOUSE BAY VILLAS FOUR ASSOCIATION, INC.

**Current Principal Place of Business:**

23750 OLD LIGHTHOUSE RD.  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

23750 OLD LIGHTHOUSE RD.  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 59-3726127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASSIDOMO, KATHLEEN C  
2640 GOLDEN GATE PKWY., STE. 305  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

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.

SIGNATURE: BYRON ROSS

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FAIRCHILD, PEGGY  
Address: 23801 AMOHI CT RD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPS ( ) Delete  
Name: HAWKINS, DON  
Address: 10921 SALERNO BAY RD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: MOLL, BARBARA  
Address: 10930 SALERNO BAY RD.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: AS ( ) Delete  
Name: SPEECHL, CS JR  
Address: 5332 CYPRESS LN  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/28/2005

Electronic Signature of Signing Officer or Director

Date