2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008893

FILED Apr 14, 2006 Secretary of State

Entity Name: LIGHTHOUSE BAY VILLAS FOUR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

23750 OLD LIGHTHOUSE RD. BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

23750 OLD LIGHTHOUSE RD. 6700 LONE OAK BLVD BONITA SPRINGS, FL 34135 NAPLES, FL 34109

FEI Number: 59-3726127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 FAIRCHILD, PEGGY
 Name:
 CIRAOLO, SAM

 Address:
 23801 AMOHI CT RD
 Address:
 23923 AMALFI COAST RD,101

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Name: HAWKINS, DON Name: KIDDON, BARBARA

 Address:
 10921 SALERNO BAY RD
 Address:
 23811 AMALFI COAST RD, 102

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title: T () Delete Title: S (X) Change () Addition
Name: MOLL, BARBARA Name: MAY, PAUL

Address: 10930 SALERNO BAY RD. Address: 10940 SOLERNO BAY RD, 101

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: AS (X) Delete Title: () Change () Addition

 Name:
 SPEECHL, CS JR
 Name:

 Address:
 5332 CYPRESS LN
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/14/2006