

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008893

FILED  
Apr 25, 2007  
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:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

**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:**

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CIRAOLO, SAM  
Address: 23923 AMALFI COAST RD,101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: KIDDON, BARBARA  
Address: 23811 AMALFI COAST RD, 102  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: MAY, PAUL  
Address: 10940 SOLERNO BAY RD, 101  
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: P (X) Change ( ) Addition  
Name: DRUCKMANN, STEPHEN  
Address: 23801 AMALFI COAST RD, 101  
City-St-Zip: BONITA SPRINGS, FL 34135

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 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR

04/25/2007

\_\_\_\_\_  
Date