2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008893

FILED Mar 12, 2008 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. 23740 OLD LIGHTHOUSE RD. BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** 6700 LONE OAK BLVD 23740 OLD LIGHTHOUSE RD. 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 New Registered Agent: Name and Address of Current Registered Agent: ROSS, BYRON TRAINA, MICHAEL J 6700 LONE OAK BLVD 23740 OLD LIGHTHOUSE RD. NAPLES, FL 34109 BONITA SPRINGS, FL 34135 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: MICHAEL TRAINA 03/12/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DRUCKMANN, STEPHEN DRUCKMANN, STEPHEN Name: Name: 23801 AMALFI COAST RD, 101 Address: 23803 AMALFI COAST RD, 101 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition Name: KIDDON, BARBARA Name: Address: 23811 AMALFI COAST RD. 102 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition MAY, PAUL Name: Name: 10940 SOLERNO BAY RD, 101 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change (X) Addition KALLIAL, JOSÉPH Name: Name: 10953 SOLERNO BAY RD, 101 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change (X) Addition KINGSBURY, SUSAN Name: Name: 23921 AMALFI COAST RD, 102 Address: Address: BONITA SPRINGS, FL 34135 City-St-Zip: 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: STEVE DRUCKMAN **PRES** 03/12/2008