


**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90021 027 \*\*\*\*70.00

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N06000008961</b> 1. Entity Name <b>LIGHTHOUSE KEY RESORT &amp; SPA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3400 W OSCEOLA PKWY          KISSIMMEE, FL 34741</b>		Mailing Address <b>3400 W OSCEOLA PKWY          KISSIMMEE, FL 34741</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HAGAN, J. ANDREW</b> <b>2379 BEVILLE RD</b> <b>DAYTONA BCH, FL 32119</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25          Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>P</b>	
STREET ADDRESS			STREET ADDRESS	<b>Charlie O'Sullivan</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>3400 W. Osceola Pkwy. Kissimmee, FL 34741</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VP</b>	
STREET ADDRESS			STREET ADDRESS	<b>Kevin Mays</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>3400 W. Osceola Pkwy Kissimmee, FL 34741</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Sec.</b>	
STREET ADDRESS			STREET ADDRESS	<b>William Bishop</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>3400 W. Osceola Pkwy. Kissimmee, FL 34741</b>	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>William P. Bishop</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>8/17/07</b>	
				Daytime Phone #: <b>321-219-0392</b>	

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4. FEI Number **20-8188532** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required