2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07774

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90416 008 ****61.25

Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$6. Name and Address of Currant Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	LIGHTHOUSE MGMNT 16 CHURCH STREET 0SPREY, FL 34229 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Tountry Country S. Certificate of Status Desired MILLER, GAIL S LIGHTHOUSE MGMNT 16 CHURCH STREET Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable dditional
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LICHTHOUSE MGMNT 16 CHURCH STREET OSPREY, FL 34229 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signate Type is \$61.25 Due by May 1, 2006 FIlling Fee is \$61.25 Due by May 1, 2006 Title PD BOS, JAMES SIRRET ADDRESS TOUR STARWAY WOODS DR SIRRET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 TITLE MAKE MAKE SIRRET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 TITLE MAKE MAKE	LIGHTHOUSE MGMNT 16 CHURCH STREET Street Address (P.O. Box Number is Not Acceptable)	· ·-·.
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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: Date Date Daysine Phone P