


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90180 026 ****61.25

DOCUMENT # N16253 1. Entity Name LIGHTHOUSE POINT SALTWATER SPORTSMAN ASSOCIATION, INC.					
Principal Place of Business 1000 NW 65TH ST. STE. 200 FORT LAUDERDALE, FL 33309 US			Mailing Address 1000 NW 65TH ST. STE. 200 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 102 City & State FT. LAUDERDALE, FL Zip 33309		3. Mailing Address 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 102 City & State FT. LAUDERDALE, FL Zip 33309		02282005 Chg-NP CR2E037 (10/03)	
Country USA		Country USA		4. FEI Number 59-2786630	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOLDING, STEPHEN M 1000 NW 65TH ST. STE. 200 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK ROAD SUITE 102 City FT. LAUDERDALE		
State FL			Zip Code 33309		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, T. MICHAEL 1798 LAS CASAS RD. BOCA RATON, FL 33486		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOLDING, STEPHEN M 1000 NW 65TH ST., STE. 200 FT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDS, TRACY 1710 NE 28TH ST. POMPANO BEACH, FL 33064		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, WILLIAM R 2530 NE 48TH ST. LIGHTHOUSE POINT, GL 33064		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DOMINIC KLEINHENZ 2510 NE 44TH STREET LIGHTHOUSE POINT, FL 33064		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lighthouse Point, FL 33064		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and 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: _____			H. 4.6.05 954-545-6070		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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