

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16253

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** LIGHTHOUSE POINT SALTWATER SPORTSMAN ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 N UNIVERSITY DRIVE  
SUITE 301  
CORAL SPRINGS, FL 330655054 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 N UNIVERSITY DRIVE  
SUITE 301  
CORAL SPRINGS, FL 330655054 US

**New Mailing Address:**

FEI Number: 59-2786630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOLDING, STEPHEN M  
2801 N UNIVERSITY DRIVE  
SUITE 301  
CORAL SPRINGS, FL 330655054 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: DT ( ) Delete  
Name: GOLDING, STEPHEN M  
Address: 2801 N UNIVERSITY DRIVE, #301  
City-St-Zip: CORAL SPRINGS, FL 330655054 US

Title: P ( ) Delete  
Name: MOORE, RICK  
Address: 2330 NE 35TH STREET  
City-St-Zip: LGHTHOUSE POINT, FL 33064

Title: VP ( ) Delete  
Name: FURIA, ALLEN  
Address: 4240 NE 22ND TERRACE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GOLDING STEPHEN M.

DT

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date