


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000002140 (1)
 1. Corporation Name
LIGHT HOUSE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 911 LIGHTHOUSE ROAD FT WALTON BEACH FL 32547 US	Mailing Address 911 LIGHTHOUSE ROAD FT WALTON BEACH FL 32547 US
---	---

3. Date Incorporated or Qualified 04/29/1994	
4. FEI Number 59-3243224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 923 Lighthouse Road Suite, Apt. #, etc.	2a. Mailing Address 26 923 Lighthouse Road Suite, Apt. #, etc.
City & State 22 Ft. Walton Beach, FL	City & State 27 Ft. Walton Beach, FL
Zip 24 32547	Country 25 US
Zip 29 32547	Country 30 US

9. Name and Address of Current Registered Agent

**SEXTON, JAMES
 923 LIGHTHOUSE ROAD
 FT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *James Sexton* DATE: **2/6/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEXTON, JAMES	
STREET ADDRESS	923 LIGHTHOUSE ROAD	
CITY - ST - ZIP	FT WALTON BEACH FL 32547	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZUMMO, NUNZIO	
STREET ADDRESS	911 LIGHTHOUSE ROAD	
CITY - ST - ZIP	FT WALTON BEACH FL 32547	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEWIS, JAMES	
STREET ADDRESS	931 LIGHTHOUSE ROAD	
CITY - ST - ZIP	FT WALTON BEACH FL 32547	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Secretary	
STREET ADDRESS	923 Lighthouse Rd.	
CITY - ST - ZIP	Ft. Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sec. Treas.
2.3 STREET ADDRESS	Carolyn L. Sexton
2.4 CITY - ST - ZIP	923 Lighthouse Rd. Ft. Walton Beach, FL 32547
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Sexton* DATE: **2/6/98** **850-243-2504**

CF2E037 (10/97)