

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 25, 2005 8:00 am
Secretary of State

05-24-2005 90121 048 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N94000002140			
1. Entity Name LIGHT HOUSE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 923 LIGHTHOUSE RD FT WALTON BEACH FL 32547 US		Mailing Address 923 LIGHTHOUSE RD FT WALTON BEACH FL 32547 US	
2. Principal Place of Business <i>901 Lighthouse Rd.</i>		3. Mailing Address <i>901 Lighthouse Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Fort Walton Bch, FL</i>		City & State <i>Fort Walton Bch, FL</i>	
Zip <i>32547</i>	Country <i>USA</i>	Zip <i>32547</i>	Country <i>USA</i>
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. Name and Address of Current Registered Agent SEXTON, JAMES 923 LIGHTHOUSE ROAD FT WALTON BEACH FL 32547		7. Name and Address of New Registered Agent Name <i>RICHARD HEADRICK</i> Street Address (P.O. Box Number is Not Acceptable) <i>901 Lighthouse Rd.</i> City <i>Fort Walton Bch</i> FL Zip Code <i>32547</i>	
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 <i>[Signature]</i> DATE <i>5/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: 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	PD SEXTON, JAMES 923 LIGHTHOUSE ROAD FT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HEADRICK, RICHARD 901 Lighthouse Rd. Fort Walton Bch, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEXTON, CAROLYN L 923 LIGHTHOUSE RD FT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Sandra Headrick <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 901 Lighthouse Rd. Secretary Fort Walton Bch, FL 32547 Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SODEC, JOHN 903 LIGHTHOUSE RD FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlie Moore <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 911 Lighthouse Rd. vice Fort Walton Bch, FL 32547 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<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 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>[Signature]</i>		Date <i>5/15/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	