

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002140

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** LIGHT HOUSE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

923 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

917 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

917 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

FEI Number: 59-3243224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOWLES, SHERRY K MRS.  
917 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 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: PD ( ) Delete  
Name: BOWLES, STEVE B MR.  
Address: 917 LIGHTHOUSE POINT ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ST ( ) Delete  
Name: BOWLES, SHERRY K MRS.  
Address: 917 LIGHTHOUSE POINT ROAD  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: DUNGAN, SHIRLEY MRS.  
Address: 933 LIGHTHOUSE POINT ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

**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: SHERRY BOWLES

ST

04/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date