

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006635

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC.

**Current Principal Place of Business:**

23750 OLD LIGHTHOUSE ROAD  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

23750 OLD LIGHTHOUSE ROAD  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 59-3615607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PASSIDOMO, KATHLEEN C  
2640 GOLDEN GATE PKWY., STE. #315  
NAPLES, FL 34105 US

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

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

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: BYRON ROSS

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: AXTELL, KEN  
Address: 10711 CROOKED RIVER RD #103  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT ( ) Delete  
Name: LIGHTORN, NASON  
Address: 10771 HALF MOON RD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete  
Name: BROWN, TED  
Address: 10751 CROOKED RIVER RD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: AS ( ) Delete  
Name: SPEECHLEY, C.S. JR.  
Address: 6332 CYPRESS LN.  
City-St-Zip: NAPLES, FL 34113

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BYRON ROSS

MGR

04/28/2005

Electronic Signature of Signing Officer or Director

Date