2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State
08-03-2006 90002 002 ****61.25

DOCUMENT # N98000006635

1. Entity Name
THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC.

50024049

Principal Place of Business	Mailing Address
23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135	23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135

03062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3615607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, BYRON 6700 LONE OAK BLVD NAPLES, FL 34109	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Byron Ross BYRON ROSS 7.21.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP AXTELL, KEN 10711 CROOKED RIVER RD #103 BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D John Papp 10821 Halfmoon Shoal Rd. #202 Bonita Springs, Fl. 34135 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LIGHTORN, NASON 10771 HALF MOON RD BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Gary MidKiff 10921 Oak Island Rd. #202 Bonita Springs, Fl. 34135 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BROWN, TED 10751 CROOKED RIVER RD #203 BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Alan Leaffer 6700 Lone Oak Blvd. Naples, Fl. 34109 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SPEECHLEY, C.S. JR. 6332 CYPRESS LN. NAPLES, FL 34113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Byron Ross 6700 Lone Oak Blvd. Naples, Fl. 34109 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Papp John Papp 07.18.06 239.948.2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000006635

1. Entity Name
THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC.

ATTACHMENT

RECEIVED
DEPT. OF REVENUE
FORT MYERS
05 MAY -9 PM 12:15

500240 49

[redacted]

05022005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
~~23750~~ OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135	~~23750~~ OLD LIGHTHOUSE ROAD ~~BONITA~~ SPRINGS, FL 34135

2. Principal Place of Business	3. Mailing Address
23740 OLD LIGHTHOUSE RD	23740 OLD LIGHTHOUSE RD
Suite, Apt. #, etc. BONITA SPGS	Suite, Apt. #, etc. BONITA SPGS.
City & State FLA. 34135	City & State FLA 34135 (34135)
Zip / Country	Zip / Country

4. FEI Number
59-3615607
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, BYRON 6700 LONE OAK BLVD NAPLES, FL 34109	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Byron Ross BYRON ROSS HC MGR Byron Ross / C/O Harbour Club Mgr 5/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP AXTELL, KEN 10711 CROOKED RIVER RD #103 BONITA SPRINGS, FL 34135	☐ Delete	DP TERRY MOHR 10890 CROOKED RIVER RD #103 BONITA SPGS FL 34135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LIGHTORN, NASON 10771 HALF MOON RD BONITA SPRINGS, FL 34135	☐ Delete	T JACK WHITE 23740 LEDDY STOWE RD 101 BONITA SPGS FL 34135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BROWN, TED 10751 CROOKED RIVER RD #203 BONITA SPRINGS, FL 34135	☐ Delete	DS JOHN PAPP 10821 HALFMOON SHOAL RD #202 BONITA SPGS FL 34135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SPEECHLEY, C.S. JR. 6332 CYPRESS LN. NAPLES, FL 34113	☐ Delete	AS BYRON ROSS 6700 LONE OAK BLVD NAPLES FL 34109	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Robert D Wagner 5/2/05 239-9482662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT D. WAGNER Director-Harbour Club

ATTACHMENT

50024049

#N980000006635

they requested
to be re-submitted
so I'm sending the same
ok. with it.
Thank you.