## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000051272 (9)

LIGHTHOUSE ISLAND RESORT, INC.

**FILED** Feb 24 1998 8:00am Secretary of State

<u> </u>		<del></del>			
Principal Place of Business		Mailing Address		. I vanisan se mini alist anti matte matt	. 11818 11811 18818 1181 1881
1051 5TH ST.		1051 5TH ST.			
FT. MYERS F	·L 33931	FT. MYERS FL 33931		DO NOT WRITE IN THIS S	SPACE
ŀ				3. Date Incorporated or Qualified	
[				06/28/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0591747	Not Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stai	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29	30		Yes No
<u> </u>	9, Name and Address of Currer	it Registered Agent	04 1	10. Name and Address of New Registered	Agent
	LLAS, EDWARD A		81 Name		
17274 SAN CARLOS BLVD., #202 FT. MYERS BEACH FL 33931			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
'''			63		
			84 City		85 Zip Code
				FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 la	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.	and board or directors. The object of the app.	omitmont as registered
SIGNATURE					
40	Signature, typed or pointed name of registered agr. OFFICERS AN		TE: Registored Agent signature requir		
12.	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	KOLAR, THOMAS F				Cuange
STREET ADDRESS	271 PRIMO DR.		1.2 NAME		
	FT. MYERS BEACH FL 33931		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DFLETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	KOLAR, MELINDA D				Change   Audition
STREET ADDRESS	271 PRIMO DR.		2.2 NAME		
	FT. MYERS BEACH FL 33931		2 3 STREET ADDRESS		
CFTY-ST-ZIP TITLE	TI MICHO DENOTI FE 33831	DELFTE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME		_ v	3.2 NAME		The Property
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	W. C.	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		— average — transfell
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	4	DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-SI-7IP		

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.