

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714643

Entity Name: LIGHTHOUSE POINT GARDENS, INC.**Current Principal Place of Business:**2050 NORTHEAST 39TH STREET
LIGHTHOUSE POINT, FL 33064**Current Mailing Address:**2050 NORTHEAST 39TH STREET
OFFICE
LIGHTHOUSE POINT, FL 33064 US**FEI Number:** 59-1119490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIGHTHOUSE POINT GARDENS, INC.
2050 NORTHEAST 39TH STREET
LIGHTHOUSE POINT, FL 33064 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:** MARY BETH BOSWELL

02/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HUNTINGTON, DAVID
Address 2050 NORTHEAST 39TH STREET
 N305
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title VP
Name KERN, ROBERT
Address 2050 NORTHEAST 39TH STREET
 E305
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title TREASURER
Name BRIGGS, JOAN
Address 2050 NORTHEAST 39TH STREET
 W102
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name MONTOYA-KNIGHT, SYLVIA
Address 2050 NORTHEAST 39TH STREET
 W207
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name CZARNECKI, MARY SUE
Address 2050 NORTHEAST 39TH STREET
 S302
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name SAVARD, PHILLIPPE
Address 2050 NORTHEAST 39TH STREET
 N303
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name MELLON, JOHN DR.
Address 2050 NORTHEAST 39TH STREET
 W301
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name BRIGGS, DON
Address 2050 NORTHEAST 39TH STREET
 W102
City-State-Zip: LIGHTHOUSE POINT FL 33064

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I hereby 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 all other like empowered.

SIGNATURE: SUSAN REDINGTON**SECRETARY**

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COFFEY, RICHARD
Address 2050 NORTHEAST 39TH STREET
 S208
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title SECRETARY
Name REDINGTON, SUSAN
Address 2050 NORTHEAST 39TH STREET
 E301
City-State-Zip: LIGHTHOUSE POINT FL 33064