

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749421

Entity Name: LIGHTHOUSE SHORES MANAGEMENT CORPORATION**Current Principal Place of Business:**4745 S ATLANTIC AVENUE
PONCE INLET, FL 32127**Current Mailing Address:**4745 S ATLANTIC AVENUE
PONCE INLET, FL 32127**FEI Number:** 59-2028690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAUMANN, KARLA
391 S. TIMBERLANE DRIVE
NEW SMYRNA BEACH, FL 32168 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PAUL, ROGER
Address 4745 SOUTH ATLANTIC AVE.
City-State-Zip: PONCE INLET FL 32127

Title VICE PRESIDENT
Name LEE, RICHARD
Address 4745 S ATLANTIC AVE.
City-State-Zip: PONCE INLET FL 32127

Title TREASURER
Name MUCCIARONE, MITZI
Address 4745 S. ATLANTIC AVENUE
City-State-Zip: PONCE INLET FL 32127

Title SECRETARY
Name ERLNBACH, JULIUS
Address 4745 S. ATLANTIC AVENUE
City-State-Zip: PONCE INLET FL 32127

Title DIRECTOR
Name DAGUE , PHILIP
Address 4745 S ATLANTIC AVENUE
City-State-Zip: PONCE INLET FL 32127

Title ASST. SECRETARY
Name BAUMANN, KARLA
Address 391 S. TIMBERLANE DR.
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: KARLA BAUMANN**REGISTERED AGENT****02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date