

2025 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	DAGUE, PHILIP
Address	4745 S ATLANTIC AVE.
City-State-Zip:	PONCE INLET FL 32127

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

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

Title	DIRECTOR
Name	GRIMALDI, JOANNE
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**ASST SECRETARY****02/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date