

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005364

**Entity Name:** LIGHTHOUSE POINT VILLAS HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Mar 27, 2018**  
**Secretary of State**  
**CC2442173231**

**Current Principal Place of Business:**

5424 POINTE VILLA DR  
LIGHTHOUSE POINT, FL 33064-7061

**Current Mailing Address:**

5424 POINTE VILLA DR  
LIGHTHOUSE POINT, FL 33064-7061 US

**FEI Number:** 65-0623326

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

REYNOLDS, LISA  
5424 POINTE VILLA DR  
LIGHTHOUSE POINT, FL 33064-7061 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:** LISA REYNOLDS

**03/27/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MINOTTI , DAVID L  
Address 5420 POINTE VILLA DR  
City-State-Zip: LIGHTHOUSE POINT FL 33064-7061

Title SD  
Name ARREOLA, STEPHANIE  
Address 5412 POINTE VILLA DR  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title TD  
Name REYNOLDS, LISA  
Address 5424 POINTE VILLA DR  
City-State-Zip: LIGHTHOUSE POINT FL 33064-7061

Title VPD  
Name D'AMICO, STEVEN  
Address 5428 POINTE VILLA DR  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** LISA REYNOLDS

**TREASURER**

**03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date