

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000025252

**Entity Name:** LIGHT HOUSE INSURANCE GROUP OF FLORIDA INC

**Current Principal Place of Business:**

9990 COCONUT ROAD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

PO BOX 892  
LEHIGH ACRES, FL 33970 US

**FEI Number: 47-3428075**

**Certificate of Status Desired:** No

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

OSPINA CASTANEDA, AILEEN  
9990 COCONUT ROAD  
BONITA SPRINGS, FL 34135 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 P  
Name OSPINA CASTANEDA, AILEEN  
Address 9990 COCONUT ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: AILEEN OSPINA CASTANEDA**

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date