2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 248027

1. Entity Name
LIGHTHOUSE APTS. INC.

Principal Place of Business	Mailing Address
3850 N. E. 21ST AVENUE LIGHTHOUSE POINT, FL 33064	3850 N. E. 21ST AVENUE APT 3 LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1086636
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIBBS, HARRY T JR.
3850 NE 21ST AVENUE
APARTMENT 3
LIGHTHOUSE POINT, FL 33064

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Harry T. Hibbs DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BANDI, MARY LOU
STREET ADDRESS	3850 NE 21ST AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	SD
NAME	RUTH R. HIBBS
STREET ADDRESS	3850 N.E. 21ST AVENUE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	PD
NAME	HIBBS, HARRY
STREET ADDRESS	3850 NE 21ST AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	TAYLOR, DORIS
STREET ADDRESS	3850 NE 21ST AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	T
NAME	GILLILAN, EDWARD L
STREET ADDRESS	3850 NE 21ST AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	PD
NAME	HIBBS, HARRY T
STREET ADDRESS	3850 NE 21ST AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064

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02/11/06-80082-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD GILLILAN 1/23/06 828 685 3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #