

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90048 046 \*\*\*\*70.00

**DOCUMENT # 703700**

1. Entity Name  
**LIGHTHOUSE COLONY, INC.**



Principal Place of Business  
**2758 N E 30TH AVE  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**2758 N E 30TH AVE  
LIGHTHOUSE POINT, FL 33064**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-1008856**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZYCH, KATHLEEN  
2772 NE 30TH AVE APT 3-D  
POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**TREASURER**

(NOTE: Registered Agent signature required when reinstating)

**April 10, 2008**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **ZYCH, GREGORY DR**  
STREET ADDRESS **2772 NE 30TH AVE 8-D**  
CITY-ST-ZIP **LIGHTHOUSE PT, FL 33064**

TITLE **P** ☐ Delete  
NAME **LANG, CONRAD MR**  
STREET ADDRESS **2758 NE 30TH AVE APT 2-B**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **ST** ☐ Delete  
NAME **ZYCH, KATHLEEN**  
STREET ADDRESS **2772 NE 30TH AVE APT 8-D**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☒ Delete  
NAME **O'FLANAGAN, MAUREEN**  
STREET ADDRESS **2800 NE 30TH AVE APT 11D**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☐ Delete  
NAME **LARSEN, HYER MR.**  
STREET ADDRESS **2800 NE 30TH AVE APT 12A**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☐ Delete  
NAME **LARSEN, BAILEY MRS.**  
STREET ADDRESS **2800 N.E. 30TH AVE. APT. 12 A**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **MACDERMOTT, CHARLOTTE MRS.**  
STREET ADDRESS **2800 N.E. 30TH AVE. APT. 11A**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☐ Change ☒ Addition  
NAME **BODEN, SUE MRS.**  
STREET ADDRESS **2758 NE 30TH AVE APT 4B**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☐ Change ☒ Addition  
NAME **KETNER, SCOTT MR.**  
STREET ADDRESS **2772 N.E. 30TH AVE. APT 5D**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **MIEHLE, ELIZABETH**  
STREET ADDRESS **2727 NE 30TH**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 10, 2008 954-931-4557**

Date

Daytime Phone #