

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714643

FILED
Mar 05, 2009
Secretary of State

Entity Name: LIGHTHOUSE POINT GARDENS, INC.

Current Principal Place of Business:

2050 NORTHEAST 39TH STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

2050 NORTHEAST 39TH STREET
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

2050 NORTHEAST 39TH STREET
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

2050 NORTHEAST 39TH STREET
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 59-1119490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, BERNARD
2050 N.E. 39TH ST. APT. 308S
LIGHTHOUSE PT., FL 33064 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOK, BERNARD
Address: 2050 N.E. 39TH ST. APT. 308S
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VPD () Delete
Name: COVER, WILLIAM
Address: 2050 NE 39TH ST #202E
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: BOSWELL, MARY BETH
Address: 2050 NE 39TH ST. APT. 210N
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: STEVENS, DOROTHY
Address: 2050 N.E. 39TH ST. APT. 112N
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOSWELL, MARY BETH
Address: 2050 NE 39TH ST. APT. #W301
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD (X) Change () Addition
Name: STEVENS, DOROTHY
Address: 2050 NE 39TH ST. APT. 112N
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY BETH BOSWELL

T

03/05/2009

Electronic Signature of Signing Officer or Director

Date