

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 716755**

1. Entity Name  
**LAUDERDALE BY THE SEA LIONS EYE FOUNDATION,  
INC.**



Principal Place of Business  
**4442 SEA GRADE DR.  
LAUDERDALE BY THE SEA, FL 33308 US**

Mailing Address  
**4442 SEA GRADE DR.  
LAUDERDALE BY THE SEA, FL 33308 US**



06302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7036268**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAN MIGUEL, MIKE  
4442 SEAGRAPE DR.  
LAUDERDALE BY THE SEA, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	PEARSON, NELS
STREET ADDRESS	3100 NE 49TH TERR
CITY - ST - ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	SAN MIGUEL, MICHAEL
STREET ADDRESS	4442 SEA GRAPE DR
CITY - ST - ZIP	LAUDERDALE BY SEA, FL
TITLE	D
NAME	NELS PEARSON
STREET ADDRESS	3100 NE 49TH TERR
CITY - ST - ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	ZIO, JOHN DEL
STREET ADDRESS	7045 NW 72ND TERRACE
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/05/05-80029-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Mike San Miguel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6/30/2005*