

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

DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
23-7036268 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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *Travis* **6/30/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #