

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724766

FILED
Apr 25, 2009
Secretary of State

Entity Name: LIGHTHOUSE WAY ASSOCIATON, INC.

Current Principal Place of Business:

630 LIGHTHOUSE WAY
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

440 LIGHTHOUSE WAY
SANIBEL, FL 33957 US

New Mailing Address:

488 LIGHTHOUSE WAY
SANIBEL, FL 33957 US

FEI Number: 23-7453720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, RONALD R
440 LIGHTHOUSE WAY
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

TABERN, JEROME
488 LIGHTHOUSE WAY
SANIBEL, FL 33957 US

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: JEROME TABERN

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRETT, SHANNEN
Address: 605 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: BELLO, GARY
Address: 630 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: LARSON, RONALD R
Address: 440 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: ELLIOTT, JAY
Address: 623 LIGHTHOUSE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: KENSHAW, JOHN
Address: 461 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: DONALDSON, MARLENE
Address: 657 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: TABERN, JEROME
Address: 488 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

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

Title: D (X) Change () Addition
Name: HENSHAW, JOHN
Address: 461 LIGHTHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

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

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: JEROME TABERN

TD

04/25/2009

Electronic Signature of Signing Officer or Director

Date