


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 026 ****70.00

DOCUMENT # 726803 1. Entity Name LIGHTHOUSE HARBOR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2921 N.E. 28TH ST. LIGHTHOUSE POINT FL 33064	Mailing Address 2921 N.E. 28TH ST. LIGHTHOUSE POINT FL 33064
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1595684	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BAMMAN, FRED III
2189 SE. 9TH ST.
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **MARSHA Linville**
Street Address (P.O. Box Number is Not Acceptable)
2921 NE 28th Street
#104
City **Lighthouse Point FL** Zip Code **33064**

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 *Marsha Linville* DATE 4-2-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	DMBR HOFMANN, DAVE 2921 NE 28TH STREET, APT. 403 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, LONA 2921 NE 28 ST, 101 LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, CICILY 2921 NE 28 ST, 305 LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWHOUSE, JOSEPH 2921 NE 28 ST, 303 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINVILLE, MARSHA 2921 NE 28 ST., APT 104 LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARSHA Linville <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2921 NE 28th St., Apt 104 Lighthouse Point, Fla 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bonnie Vasa <input type="checkbox"/> Change <input type="checkbox"/> Addition 2921 NE 28th St., Apt. 204 Lighthouse Point, Fla 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carolyn Schneider <input type="checkbox"/> Change <input type="checkbox"/> Addition 2921 NE 28th St, Apt 202 Lighthouse Point, Fla 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marsha Linville* **MARSHA Linville** 4-2-07 954-786-0344