## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 746251**

FILED Feb 18, 2005 Secretary of State

Entity Name: LIGHTHOUSE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1166 PELICAN BAY DR

DAYTONA BCH, FL 32119 US

**Current Mailing Address: New Mailing Address:** 

1166 PELICAN BAY DR

DAYTONA BCH, FL 32119 US

FEI Number: 59-2122377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARKIN, MICHELE 1166 PELICAN BAY DR DAYTONA BCH, FL 32119

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

US

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

RAWLS-VERB, ROSEMARIE BELL, MAUREEN Name: Name: 4769 S ATLANTIC AVE 4 Address: 4771 S ATLANTIC AVE #7 Address: City-St-Zip: PONCE INLET, FL City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: () Change () Addition

Name: LARMAY, ARTHUR Name: Address: 4775 S ATLANTIC AVE A-3 Address: City-St-Zip: PONCE INLET, FL City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition FORBES, STANLEY Name: FORBES, STANLEY Name:

4775 S ATLANTIC AVE UNIT 4 4775 S ATLANTIC AVE UNIT 4 Address: Address:

PONCE INLET. FL City-St-Zip: PONCE INLET. FL

City-St-Zip:

Title: ( ) Delete Title: D (X) Change ( ) Addition Name: BELL, MAUREEN Name: BERT, ROSEMARIE

4771S. ATLANTIC AVE #5 Address: Address: 4769 S ATLANTIC AVENUE #4

City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: (X) Change ( ) Addition

FRIEDL, GUENTHER FRIEDL, GUENTHER Name: Name: 4771 S ATLANTIC #7 4771 S ATLANTIC #7 Address: Address: City-St-Zip: PORT INLET, FL 32127 City-St-Zip: PORT INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR LARMAY Ρ 02/18/2005