## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 746251**

FILED Apr 27, 2007 Secretary of State

Entity Name: LIGHTHOUSE VILLAGE HOMEOWNERS ASSOCIATION, INC.

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

1166 PELICAN BAY DR 1190PELICAN BAY DR

DAYTONA BCH, FL 32119 US DAYTONA BCH, FL 32119 US

Current Mailing Address: New Mailing Address:

1166 PELICAN BAY DR 1190 PELICAN BAY DR

DAYTONA BCH, FL 32119 US 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
1190 PELICAN BAY DR

DAYTONA BCH, FL 32119 US DAYTONA BCH, FL 32119 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: 04/27/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DT ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 MILANO, BILL
 Name:
 MILANO, BILL

 Address:
 4779 S ATLANTIC AVE #C1
 Address:
 4779 S ATLANTIC AVE #C1

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

Title: DP ( ) Delete Title: DT (X) Change ( ) Addition Name: LARMAY, ARTHUR Name: LARMAY, ARTHUR

Address: 4775 S ATLANTIC AVE A-3 Address: 4775 S ATLANTIC AVE A-3

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

Title: DS () Delete Title: DVP (X) Change () Addition
Name: ALBOMONTE, KAREN Name: ALBOMONTE, KAREN

Address: 4773 S ATLANTIC AVE UNIT 8 Address: 4773 S ATLANTIC AVE UNIT 8

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

Title: DVP ( ) Delete Title: DS (X) Change ( ) Addition Name: FRIEDLE, GUENTHER Name: SCARDINO, MARIA Address: 4771 S ATLANTIC AVENUE #7 Address: 4773 S ATLANTIC AVENUE #11

 Address:
 4771 S ATLANTIC AVENUE #7
 Address:
 4773 S ATLANTIC AVENUE #11

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

 $\label{eq:Title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad \qquad (\ ) \ {\sf Change} \ \ ({\sf X}) \ {\sf Addition}$ 

Name: Name: CALLAN, DANA

 Address:
 Address:
 4782 S ATLANTIC AVENUE #D1

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

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: BILL MILANO DP 04/27/2007