2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 27, 2006 8:00 am **DOCUMENT # 749421 Secretary of State** 02-27-2006 90102 008 ****61.25 LIGHTHOUSE SHORES MANAGEMENT CORPORATION Principal Place of Business Mailing Address 4745 S ATLANTIC AVENUE PONCE NLET FL 32127 4745 S ATLANTIC AVENUE PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2028690 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NSON JOYNER, HAROLD 4745 S.ATLANTIC AVE # 604 PONCE INLET FL 32127 Zip Code **32/2** ONCE 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. 2-15-06 DATE Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. SD JOYNER, HAROLD Change TITLE ☐ Delete TITLE ☐ Addition JOYNER, HAROLD NAME NAME 4745 S. ARANTC AVE, 4604 STREET ADDRESS 4745 S ATLANTIC AVE, # 604 STREET ADDRESS PORT INLET FL 32127 CITY-ST-7iP PONCE INLET FL 32127 ☐ Delete TITLE Change ☐ Addition RUMANO, PAT ROMANO, PAT NAME 4745 S. ASLANTIC AVE # 706 4745 S ATLANTIC AVE, #706 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 PUNCE INLET FL 32127 CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition WINKLER, JOSEPH NAME WINKLER, JOSEPH MARKE STREET ADDRESS 127 LOHENGRIN DR. STREET ADDRESS 427 LOHENGRIN DRIVE CITY-ST-ZIP PITTSBURGH PA 15209 CITY-ST-ZIP PITTS BURG DA 15209 Change TITLE SD ☐ Delete VP TITLE ☐ Addition PAUL, ROGER 4745'S ATLANTIC ANE 47504 PUNCE INLET PL 32127 PAUL, ROGER NAME 4745 S ATLANTIC AVE, # 504 STREET ADDRESS CITY-ST-ZIP PORT INLET FL 32127 CITY-ST-ZIP Change Delete TITLE TITLE ☐ Addition HINSON, JAMES C HINSON, JAMES C 4745 S ATLANTIC AVE NAME NAME 4745 S ATLANTIC AVE 405 STREET ADDRESS STREET ADDRESS PONCE INLET FL 32127 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED