
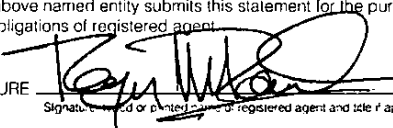
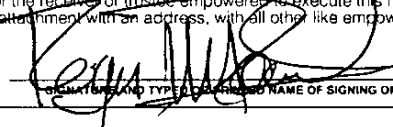


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90019 002 ****61.25

DOCUMENT # 749421 1. Entity Name LIGHTHOUSE SHORES MANAGEMENT CORPORATION					
Principal Place of Business 4745 S ATLANTIC AVENUE PONCE INLET, FL 32127			Mailing Address 4745 S ATLANTIC AVENUE PONCE INLET, FL 32127		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-2028690				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINSON, JAMES C 4745 S ATLANTIC AVE #405 PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name PAUL, ROGER Street Address (P.O. Box Number is Not Acceptable) 4745 S ATLANTIC AVE #504 City PONCE INLET FL Zip Code 32127		
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  <small>Signature of current or former registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE FEB 18, 2008		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOYNER, HAROLD 4745 S ATLANTIC AVE, # 604 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DALY, THOMAS 506 EAGLE CIRCLE CASSELBERRY FL. 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, PAT 4745 S ATLANTIC AVE, #706 PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROMANO, PAT 4745 S ATLANTIC AVE, #706 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINKLER, JOSEPH 127 LOHENGRIN DR. PITTSBURGH, PA 15209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL, ROGER 4745 S ATLANTIC AVE, #504 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAUL, ROGER 4745 S ATLANTIC AVE, # 504 PORT INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT HINSON, JAMES C. 4745 S ATLANTIC AVE, # 405 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, JAMES C 4745 S ATLANTIC AVE 405 PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 Chapter 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: 			Date ROGER M. PAUL FEB 18, 2008		
<small>SIGNATURE AND TYPE OF OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		