

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

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 019 ****61.25

DOCUMENT # 758635

1. Entity Name

LIGHTHOUSE TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1290 GULF BLVD
CLEARWATER FL 33767
US

Mailing Address

1290 GULF BLVD
CLEARWATER FL 33767
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2194713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STULER, LARRY R
1290 GULF BLVD.
CLEARWATER FL 33767

Name **MAYBERRY, Barbara N.**

Street Address (P.O. Box Number is Not Acceptable)

1290 Gulf Boulevard

City

Clearwater

FL

Zip Code

33767

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

Barbara N. Mayberry, Manager

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

2-15-07

DATE

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 PD ☐ Delete
NAME WILLIAMS, MARK
STREET ADDRESS 2113 ALEXIS CT
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VPD ☐ Delete
NAME HARVEY, ALLEN
STREET ADDRESS 1088 IVY HILL DR
CITY-ST-ZIP FOREST VA 24551

TITLE SD ☐ Delete
NAME PACK, BOB
STREET ADDRESS 1290 GULF BLVD 1404
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☒ Delete
NAME PACK, BOB
STREET ADDRESS 1290 GULF BLVD., # 1404
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☐ Delete
NAME WEBER, RUSS
STREET ADDRESS 864 PEBBLESFIELD TERR
CITY-ST-ZIP MANCHESTER MO 63021

TITLE TD ☒ Delete
NAME WILLIAMS, MARK
STREET ADDRESS 2113 ALEXIS CT
CITY-ST-ZIP TARPON SPRINGS FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **1020 Glenbrook Avenue**
CITY-ST-ZIP **St. Louis, Mo. 63122**

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:

Allen W. Harvey

Allen W. Harvey

2-28-07 727-517-7281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #