

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758635

FILED
Jan 30, 2009
Secretary of State

Entity Name: LIGHTHOUSE TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1290 GULF BLVD
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

1290 GULF BLVD
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-2194713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAYBERRY, BARBARA N
1290 GULF BOULEVARD
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, MARK
Address: 2113 ALEXIS CT
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VPD () Delete
Name: HARVEY, ALLEN
Address: 1088 IVY HILL DR
City-St-Zip: FOREST, VA 24551 US

Title: SD () Delete
Name: VAN WEEZEL, DONALD
Address: 1290 GULF BLVD 1408
City-St-Zip: CLEARWATER, FL 33767 US

Title: TD () Delete
Name: MUSONE, TOM
Address: 184 48TH AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: D () Delete
Name: WEBER, RUSS
Address: 1020 GLENBROOK AVENUE
City-St-Zip: SAINT LOUIS, MO 63122 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VAN WEEZEL, DON
Address: 1290 GULF BOULEVARD #1408
City-St-Zip: CLEARWATER, FL 33767 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WILLIAMS, MARK
Address: 2113 ALEXIS COURT
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD (X) Change () Addition
Name: CICCONI, JAMES A
Address: 702 ST. LOUIS AVENUE
City-St-Zip: POINT PLEASANT BEACH, NJ 08742 US

Title: D (X) Change () Addition
Name: MUSONE, THOMAS
Address: 184 98TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702 US

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: BARBARA N. MAYBERRY

MGR

01/30/2009

Electronic Signature of Signing Officer or Director

Date