

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001869

FILED
Apr 14, 2006
Secretary of State

Entity Name: LIGHTHOUSE BAY VILLAS ONE ASSOCIATION, INC.

Current Principal Place of Business:

23750 OLD LIGHTHOUSE RD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O BOX 110156
NAPLES, FL 34108

New Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 65-0997729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 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: FRIED, ROBERT
Address: 2323 PATTON RD
City-St-Zip: HARRISBURG, PA 17112

Title: DT () Delete
Name: WALL, CAROL
Address: 10334 CAPE ROMAN RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MS () Delete
Name: WHITE, WILLIAM D
Address: 2310 DELL DR
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: BOLIN, HAROLD
Address: 10320 CAPE ROMAN RD.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOUGLAS, PHIL
Address: 10304 CAPE ROMAN RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change () Addition
Name: STOUT, JOHN
Address: 10284 CAPE ROMAN RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: CVP (X) Change () Addition
Name: KIMMINS, JOHN
Address: 10291 CAPE ROMAN RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T (X) Change () Addition
Name: WOODWARD, GWYNNE
Address: 10255 CAPE ROMAN RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Change (X) Addition
Name: BRAWER, MARLENE
Address: 10310 CAPE ROMAN RD
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON ROSS

MGR

04/14/2006

Electronic Signature of Signing Officer or Director

Date