

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003516

FILED
Apr 25, 2007
Secretary of State

Entity Name: LIGHTHOUSE BAY THREE ASSOCIATION, INC.

Current Principal Place of Business:

23750 OLD LIGHTHOUSE ROAD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3708335

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: P () Delete
Name: PAPP, JOHN
Address: 10821 HALFMOON SHOAL RD #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: GAFFNEY, PAT
Address: 10771 HALFMOON SHOAL RD., #103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: LIGHTMAN, NASAN
Address: 10771 HALFMOON SHOAL RD, #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: GOTTLIEB, STEVE
Address: 10781 HALFMOON SHOAL 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: GAFFNEY, PAT
Address: 10771 HALFMOON SHOALS RD, 103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change () Addition
Name: GOTTLIEB, STEVE
Address: 10781 HALFMOON SHOALS RD, 201
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: S (X) Change () Addition
Name: CARDELLA, JOE
Address: 10781 HALFMOON SHOAL RD, 201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Change (X) Addition
Name: YAGER, MURRAY
Address: 10801 HALFMOON SHOAL RD, 204
City-St-Zip: BONITA SPRINGS, FL 34135

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: BYRON ROSS

MGR

04/25/2007

Electronic Signature of Signing Officer or Director

Date