2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003516

City-St-Zip:

BONITA SPRINGS, FL 34135

Entity Name: LIGHTHOUSE BAY THREE ASSOCIATION, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135				23740 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135		
Current Mailing Address:				New Mailing Address:		
6700 LONE OAK BLVD NAPLES, FL 34109				23740 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135		
FEI Number:	: 59-3708335	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROSS, BYRON 6700 LONE OAK BLVD NAPLES, FL 34109 US				TRAINA, MICHAEL J 23740 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135 US		
	named entity e of Florida.	submits this statement for the p	urpose o	f changing i	ts registered	d office or registered agent, or both,
SIGNATURE: MICHAEL TRAINA				03/12/2008		
	Electron	nic Signature of Registered Age	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GAFFNEY, PA	OON SHOALS RD, 103		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	GOTTLIEB, ST	OON SHOALS RD, 201		Title: Name: Address: City-St-Zip:	GIBSON, JO 10791 HALF	(X) Change()Addition HN MOON SHOALS RD, 101 RINGS, FL 34135
Title: Name: Address: City-St-Zip:	LIGHTMAN, NA	DON SHOAL RD, #102		Title: Name: Address: City-St-Zip:	FORTUNA, L 10781 HALF	(X) Change()Addition OU MOON SHOAL RD, #202 RINGS, FL 34135
Title: Name: Address: City-St-Zip:	CARDELLA, JO	DON SHOAL RD, 201		Title: Name: Address: City-St-Zip:	HADLEY, CA 10731 HALF	(X) Change()Addition IROL MOON SHOAL RD, 102 RINGS, FL 34135
Title: Name: Address:	YAGER, MURR) Delete ,AY DON SHOAL RD, 204		Title: Name: Address:		() Change () Addition

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.

City-St-Zip:

SIGNATURE: PAT GAFFNEY PRES 03/12/2008