2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003516

LIGHTHOUSE BAY THREE ASSOCIATION. INC

FILED Mar 13, 2009 Secretary of State

Entity Nai	me: LIGHTH	DUSE BAY THREE ASSOCIAT	ION, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	D LIGHTHOUS PRINGS, FL (
Current Mailing Address:			New Mailing Address:		
	D LIGHTHOUS PRINGS, FL (
FEI Number: 59-3708335 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
23740 OLE	MICHAEL J D LIGHTHOUS PRINGS, FL 3				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GAFFNEY, PA 10771 HALFM) Delete T DON SHOALS RD, 103 IGS, FL 34135	Title: Name: Address: City-St-Zip:	P (X) Change () Addition GAFFNEY, PAT 10771 HALFMOON SHOALS RD, #103 BONITA SPRINGS, FL 34135	
Title: Name: Address: City-St-Zip:	GIBSON, JOHN 10791 HALFM) Delete N OON SHOALS RD, 101 IGS, FL 34135	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition GIBSON, JOHN 10791 HALFMOON SHOALS RD, #101 BONITA SPRINGS, FL 34135	
Title: Name: Address: City-St-Zip:	FORTUNA, LO 10781 HALFM) Delete U OON SHOAL RD, #202 IGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HADLEY, CAR 10731 HALFM) Delete OL OON SHOAL RD, 102 IGS, FL 34135	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HADLEY, CAROL 10731 HALFMOON SHOAL RD, #102 BONITA SPRINGS, FL 34135	
Title: Name:	D (YAGER, MURF) Delete	Title: Name:	D (X) Change () Addition YAGER, MURRAY	

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: PAT GAFFNEY PRES 03/13/2009