2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003645

Current Principal Place of Rusiness:

Entity Name: LIGHTHOUSE BAY TWO ASSOCIATION, INC.

FILED Mar 12, 2008 Secretary of State

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23750 OLD LIGHTHOUSE RD BONITA SPRINGS, FL 34135	23740 OLD LIGHTHOUSE RD BONITA SPRINGS, FL 34135
Current Mailing Address:	New Mailing Address:
6700 LONE OAK BLVD NAPLES, FL 34109	23740 OLD LIGHTHOUSE RD BONITA SPRINGS, FL 34135
FEI Number: 59-3632864 FEI Number Applied For () FEI Number	umber Not Applicable () 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 23750 OLD LIGHTHOUSE RD BONITA SPRINGS, FL 34135 US
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: MICHAEL TRAINA	03/12/2008
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Rusiness:

Title: () Delete Title: () Change () Addition TOTH, BEN Name: Name: 23741 OLD PORT ROAD,#104 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WAGNER, DAN Name: WAGNER, DAN Address: 23711 EDDYSTONE ROAD, 102 Address: 10701 CROOKED RIVER RD. 103 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition SIMONEAU, PAUL Name: Name: 23730 EDDYSTONE RD,#104 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: () Delete Title: Title: (X) Change () Addition FLEISCHER, PETER Name: Name: PALMER, TOM 23731 OLD PORT RD, #104 23731 EDDYSTONE RD, 102 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 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: BEN TOTH PRES 03/12/2008