

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 12, 2010**  
**Secretary of State**

DOCUMENT# N01000003645

**Entity Name:** LIGHTHOUSE BAY TWO ASSOCIATION, INC.**Current Principal Place of Business:**23740 OLD LIGHTHOUSE RD  
BONITA SPRINGS, FL 34135**New Principal Place of Business:****Current Mailing Address:**23740 OLD LIGHTHOUSE RD  
BONITA SPRINGS, FL 34135**New Mailing Address:****FEI Number:** 59-3632864**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOHN C GOEDE, P.A.  
9915 TAMiami TRL N, STE 1  
NAPLES, FL 34108 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  
Name: GILMARTIN, JIM  
Address: 10701 CROOKED RIVER RD #201  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP  
Name: GREEN, DAVID  
Address: 23740 EDDYSTONE RD #204  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S  
Name: PARKS, JOANNE  
Address: 23740 EDDYSTONE RD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T  
Name: PALMER, TOM  
Address: 23731 EDDYSTONE RD #102  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: URASH, MARK  
Address: 23730 EDDYSTONE RD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: JIM GILMARTIN

PRES

05/12/2010

Electronic Signature of Signing Officer or Director

Date