

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90011 004 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000004594</b>			
<b>1. Entity Name</b> LIGHTHOUSE POINTE AT BAYWINDS HOMEOWNER'S ASSOCIATION, INC.			
<b>Principal Place of Business</b> C/O WELLINGTON MANAGEMENT, INC 3461 B FAIRLANE FARMS RD WELLINGTON, FL 33414		<b>Mailing Address</b> 3461 B FAIRLANE FARMS RD WELLINGTON, FL 33414	
<b>2. Principal Place of Business - No P.O. Box #</b> Wellington Mgmt, Inc. 3461-B Fairlane Farms Rd Wellington, FL 33414		<b>3. Mailing Address</b> Wellington Mgmt, Inc. 3461-B Fairlane Farms Rd Wellington, FL 33414	
<b>4. FEI Number</b> 14-1865873		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> NEWSOME, JOHN WELLINGTON MANAGEMENT INC 3461 B FAIRLANE FARMS RD WELLINGTON, FL 33414	
<b>7. Name and Address of New Registered Agent</b> Name: <u>NEWSOME John</u> Street Address (P.O. Box Number is Not Acceptable): <u>3461-B Fairlane Farms Rd.</u> City: <u>Wellington</u> FL <u>33414</u>		<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b> <span style="float: right;">DATE</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	ISRAEL, KAREN		
CITY-ST-ZIP	9824 GALLEON AVE WEST PALM BEACH, FL 33411		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	ROBEY, KERMIT		
STREET ADDRESS	9934 GALLEON DRIVE		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	ROBERTS, WILLIAM		
STREET ADDRESS	2303 WINDJAMMER WAY		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
TITLE	TSD	<input checked="" type="checkbox"/> Delete	
NAME	BARNETT, BERNARD		
STREET ADDRESS	2374 HARBOUR VIEW CT		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	Bernie Barnett		
CITY-ST-ZIP	2374 Harbour View Ct. W. Palm Bch FL 33411		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Franklin Legalbo		
STREET ADDRESS	2289 Windjammer way		
CITY-ST-ZIP	W. Palm Bch FL 33411		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Sheldon Friedberg		
STREET ADDRESS	9871 Galleon Drive		
CITY-ST-ZIP	W. Palm Bch FL 33411		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Stephen Wolfson		
STREET ADDRESS	9947 Galleon Dr.		
CITY-ST-ZIP	W. Palm Bch, FL 33411		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Nancy Katz		
STREET ADDRESS	2377 Windjammer way		
CITY-ST-ZIP	W. Palm Bch, FL 33411		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <span style="float: right;">2/21/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			