


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90070 015 \*\*\*\*61.25

<b>DOCUMENT # N03000010283</b> 1. Entity Name <b>CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>LIGHTHOUSE MGMT</b> <b>333 SOUTH TAMiami TR SUITE 101</b> <b>VENICE, FL 34285</b>		Mailing Address <b>LIGHTHOUSE MGMT &amp; REALTY</b> <b>16 CHURCH ST</b> <b>OSPREY, FL 34229</b>	
2. Principal Place of Business - No P.O. Box # <b>LIGHTHOUSE MGMT</b> Suite, Apt. #, etc. <b>16 CHURCH ST</b> City & State <b>OSPREY FL</b> Zip <b>34229</b>		3. Mailing Address <b>Lighthouse Property Mgmt</b> <b>16 Church Street</b> <b>Osprey, FL 34229</b>	
6. Name and Address of Current Registered Agent <b>MAILLETTE, MARY G</b> <b>LIGHTHOUSE MGMT &amp; REALTY</b> <b>16 CHURCH ST</b> <b>OSPREY, FL 34229</b>		7. Name and Address of New Registered Agent Name <b>JOHN ROBERTS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4201 VINCENZA DRIVE, UNIT D</b> City <b>VENICE</b> FL <b>34293</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. SIGNATURE: <u><i>John D. Roberts</i></u> <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 reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WITNEY, GEORGE 4202 VICENZA DR SUITE C VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>WITHEY (spelling)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CUMMINGS, BILL 4202 VICENZA DR SUITE D VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MAILLETTE, MARY G 4410 CORSO VENETIA BLVD SUITE C VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>Secretary (only)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD KEITH, LLOYD J 16 CHURCH ST OSPREY, FL 34229	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>Treasurer</b> <b>John Roberts</b> <b>4201 Vicenza Drive Unit D</b> <b>Venice, FL 34293</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>Director</b> <b>Bennie Logan</b> <b>4422 Corso Venetia Blvd. A</b> <b>Venice, FL 34293</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>John D. Roberts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/16/07</u> Daytime Phone #	

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4. FEI Number 20-0730623 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required