2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # N05000001077 04-20-2006 90218 021 ****61.25 THE LIGHTHOUSE, AN ASSOCIATION OF LANDLORDS. INC. Principal Place of Business Mailing Address 50014330 2755 BORDER LAKE ROAD 2755 BORDER LAKE ROAD APOPKA, FL 32703 APOPKA, FL 32703 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite 101 Suite Apt. #, etc. Suite 101 01092006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 39-3720511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Meridythe Kanaga HUTCJINS, ROBERT J 1515 INTERNATIONAL PARKWAY SUITE 2001 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY, FL 32746 2755 Border Lake Road, Suite 101 City Apopka 32763 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. Meridythe Kanaga 4/14/06 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition KANAGA, MERIDYTHE NAME NAME STREET ADDRESS 1167 BRANTLEY ESTATES DR STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME KANAGA, RYAN NAME **6227 COURTNEY COVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BUTLER, ROBIN NAME NAME STREET ADDRESS 2755 BORDER LAKE ROAD STREET ADDRESS CITY-ST-7IP APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME

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 of 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Meridythe Kanaqa

☐ Delete

4/14/06

Date

407-862-2292

☐ Change

☐ Addition

Daytime Phone #

FILED