


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90087 002 \*\*\*\*61.25

<b>DOCUMENT # N05000008098</b> 1. Entity Name <b>LIGHTHOUSE PLAZA PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2801 SOUTH BAY ST. EUSTIS, FL 32726</b>			Mailing Address <b>2801 SOUTH BAY ST. EUSTIS, FL 32726</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3777664</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SUMMERS, GARY L 380 W. ALFRED ST. TAVARES, FL 32778-3298</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD KNORR, KEN R 2801 EAST BAY STREET EUSTIS, FL 32726</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ziler, C Joseph 2801 South Bay Street Eustis, FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUNN, LARRY B 2801 SOUTH BAY STREET EUSTIS, FL 32726</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Nagle, Brian W. 2801 South Bay Street Eustis, FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PARROW, ALAN A 2801 SOUTH BAY ST. EUSTIS, FL 32726</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Nordstrom, Steven R. 2801 South Bay Street Eustis, FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEDFORD, MARTHA E 2801 SOUTH BAY STREET EUSTIS, FL 32726</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DeLuca, Tony P. 2801 South Bay Street Eustis, FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>SIGNATURE: <i>Martha Ledford</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/22/08 352-483-8000</b> <small>Date Daytime Phone #</small>	