



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N22236 1. Entity Name LIGHTHOUSE SHORES TOWNHOMES CONDOMINIUM MANAGEMENT ASSOCIATION, INC.						FILED 06 AUG 14 PM 3:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 150 DUNDEE RD DAYTONA BEACH SHORES, FL 32118 US				Mailing Address 150 DUNDEE RD DAYTONA BEACH SHORES, FL 32118 US			
2. Principal Place of Business 4746 S. Atlantic Ave.		3. Mailing Address 4740 S. Atlantic Ave					
Suite, Apt. #, etc. #4		Suite, Apt. #, etc. 					
City & State Ponce Inlet, FL 32127		City & State Ponce Inlet, FL 32127					
Zip 32127		Country U.S.A.		Zip 32127		Country U.S.A.	
6. Name and Address of Current Registered Agent GOODWIN, MORRIS W 4740 S ATLANTIC AVE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name Neil E. McCall Street Address (P.O. Box Number is Not Acceptable) 4746 S. Atlantic Ave, #4 Ponce Inlet City Ponce Inlet FL Zip Code 32127			
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>Neil E. McCall</i></u> Neil E. McCall 07-17-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE TREASURER & DIRECTOR <input type="checkbox"/> Delete NAME HYNDS, PATRICIA STREET ADDRESS 4746 S ATLANTIC AVE CITY-ST-ZIP PORT ORANGE, FL 32127				TITLE 400078750774 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/16/06--01015--007 **\$61.25 DIRECTOR & VICE PRESIDENT			
TITLE T <input checked="" type="checkbox"/> Delete NAME REESE, HARRY STREET ADDRESS 4725 S ATLANTIC AVE 1 CITY-ST-ZIP PORT ORANGE, FL 32127				TITLE James Edelston <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 4740 S. Atlantic Ave #6 STREET ADDRESS Ponce Inlet, FL 32127 CITY-ST-ZIP			
TITLE SECRETARY & DIRECTOR <input type="checkbox"/> Delete NAME PHILIPS, AUDREY STREET ADDRESS 4740 S ATLANTIC AVE 2 CITY-ST-ZIP PONCE INLET, FL 32127				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE PRESIDENT & DIRECTOR <input type="checkbox"/> Delete NAME MCCALL, JUDITH STREET ADDRESS 4746 S ATLANTIC AVE #4 CITY-ST-ZIP PONCE INLET, FL 32127				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE Director <input type="checkbox"/> Delete NAME Jo Ellen Basile STREET ADDRESS 4740 S. Atlantic Ave #3 CITY-ST-ZIP Ponce Inlet, FL 32127				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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.							
SIGNATURE: <u><i>Judith A. McCall</i></u> Judith A. McCall, Pres. 07-17-2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

JC 8/14