


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 037 ****61.25

DOCUMENT # N22236	
1. Entity Name	
LIGHTHOUSE SHORES TOWNHOMES CONDOMINIUM MANAGEMENT ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
4746 SOUTH ATLANTIC AVENUE, #4 PONCE INLET FL 32127 US	4740 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127 US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-3135317	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCALL, NEIL E 4746 SOUTH ATLANTIC AVENUE, #4 PONCE INLET FL 32127	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDS, PATRICIA	NAME	
STREET ADDRESS	4746 S ATLANTIC AVE	STREET ADDRESS	
CITY-STATE-ZIP	PORT ORANGE FL 32127	CITY-STATE-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDELSTON, JAMES	NAME	DVP
STREET ADDRESS	4740 SOUTH ATLANTIC AVENUE, #6	STREET ADDRESS	FRANK W. SCOTT
CITY-STATE-ZIP	PONCE INLET FL 32127	CITY-STATE-ZIP	4758 S ATLANTIC AVE #6
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPS, AUDREY	NAME	
STREET ADDRESS	4740 S ATLANTIC AVE 2	STREET ADDRESS	
CITY-STATE-ZIP	PONCE INLET FL 32127	CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, JUDITH	NAME	
STREET ADDRESS	4746 S ATLANTIC AVE #4	STREET ADDRESS	
CITY-STATE-ZIP	PONCE INLET FL 32127	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILE, JO ELLEN	NAME	
STREET ADDRESS	4740 SOUTH ATLANTIC AVENUE, #3	STREET ADDRESS	
CITY-STATE-ZIP	PONCE INLET FL 32127	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judith A. McCall X3-8-07 3863049825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #