

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29088

FILED  
Apr 05, 2006  
Secretary of State

**Entity Name:** LIGHTHOUSE BEND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-2865383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
%SENTRY MANAGEMENT, INC.  
2180 W. SR 434 -STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDWARDS, THOMAS  
Address: 2641 LONG BOAT CT S  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete  
Name: SUR, MARK  
Address: 2636 LIGHTHOUSE BEND DR  
City-St-Zip: PONTE VERDA BEACH, FL 32082

Title: STD ( ) Delete  
Name: HEFFNER, SAM  
Address: 2634 LIGHTHOUSE COVE PL  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS EDWARDS

PD

04/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date