## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 07, 2007 8:00 am Secretary of State **DOCUMENT # N30559** 1. Entity Name 03-07-2007 90012 048 \*\*\*\*61.25 LIGHTHOUSE POINTE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 3303 LIGHTHOUSE PT. LANE 3303 LIGHTHOUSE PT. LANE JACKSONVILLE, FL 32250 US JACKSONVILLE, FL. 32250 US (N30559===N) 01042007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3497279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSTER, MICHAEL 3380 LIGHTHOUSE POINT LANE DO NOT WRITE JACKSONVILLE BEACH, FL 32250 IN THIS SPACE ts registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registered agent. 02MARUZ Michael Foster, President SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS TITLE NAME FOSTER, MICHAEL STREET 3380 LIGHTHOUSE PT. LANE ADDRESS JACKSONVILLE, FL 32250 CTTY- ST- ZIP SD TITLE GERSBECK, CHARLES NAME 3315 LIGHTHOUSE PT. LANE STREET ADDRESS JACKSONVILLE, FL 32250 CITY-ST-ZIP TD AVERILL, ROBERT TITLE 3339 LIGHTHOUSE PT. LANE NAME DO NOT WRITE JACKSONVILLE, FL 32250 STREET ADDRESS CITY-ST-ZIP IN THIS SPACE MANAHAN, DONALD TITLE 3319 LIGHTHOUSE PT LN NAME JACKSONVILLE, FL 32250 STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY-ST-ZIP ппе NAME STREET ADDRESS

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.

CITY- ST- ZIP

3/4/07

904-223-8482

FILED