


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90023 018 \*\*\*\*61.25

<b>DOCUMENT #N39196</b>	
1. Entity Name <b>LIGHTHOUSE VILLAGE AT THE LANDINGS HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 37795-044 US</b>	Mailing Address <b>2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 37795-044 US</b>
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2. Principal Place of Business - No P.O. Box # <b>13611 MCGREGOR BLVD</b>	3. Mailing Address <b>13611 MCGREGOR BLVD</b>
Suite, Apt. #, etc. <b>STE 6</b>	Suite, Apt. #, etc. <b>STE 6</b>
City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
Zip <b>33919</b>	Country <b>USA</b>

04022008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>MURRAY, GRACE J CAM 13611 MCGREGOR BLVD. SUITE #6 FT. MYERS, FL 33919</b>	
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7. Name and Address of New Registered Agent Name <b>APEX MANAGEMENT SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>13611 MCGREGOR BLVD</b> <b>STE 6</b> City <b>FORT MYERS</b> FL Zip Code <b>33919</b>	
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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 *Grace J Murray, CAM* **GRACE J MURRAY, CAM** **4-10-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CREMIN, MARC 12960 BEACON COVE LANE FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WNUKOWSKI, BOB 12951 BEACON COVE LANE FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPEK, KARL 12984 BEACON COVE LN FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, BILL 12996 BEACON COVE LN FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WNUKOWSKI, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAGEN, GEOFF 12991 BEACON COVE LN FORT MYERS FL 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert A. Wnukowski* **Robert A. Wnukowski** **4/15/08** **(239) 437-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #