

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39196

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** LIGHTHOUSE VILLAGE AT THE LANDINGS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

13611 MCGREGOR BLVD.  
STE. 6  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

13611 MCGREGOR BLVD.  
STE. 6  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-0226454      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

APEX MANAGEMENT SERVICES  
13611 MCGREGOR BLVD.  
STE. 6  
FORT MYERS, FL 33919 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: VD ( ) Delete  
Name: CREMIN, MARC  
Address: 12960 BEACON COVE LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: WNOKOWSKI, ROBERT  
Address: 12951 BEACON COVE LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: PD ( ) Delete  
Name: LIPPEK, KARL  
Address: 12984 BEACON COVE LN  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: MATTHEWS, BILL  
Address: 12996 BEACON COVE LN  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: GAGEN, GEOFF  
Address: 12991 BEACON COVE LANE  
City-St-Zip: FORT MYERS, FL 33919

**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:

Title: D (X) Change ( ) Addition  
Name: WHITE, ROBERT  
Address: 9920 BEACON COVE LN  
City-St-Zip: FORT MYERS, FL 33919

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT WNUKOWSKI

STD

03/09/2009

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

\_\_\_\_\_  
Date