

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002140

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** LIGHT HOUSE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

923 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

313 OKALOOSA ROAD  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

917 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 59-3243224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWLES, SHERRY K MRS.  
313 OKALOOSA ROAD  
FORT WALTON BEACH, FL 32548 US

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

BOWLES, SHERRY K MRS.  
917 LIGHTHOUSE POINT ROAD  
FORT WALTON BEACH, FL 32547 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOWLES, STEVE B MR.  
Address: 313 OKALOOSA ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST ( ) Delete  
Name: BOWLES, SHERRY K MRS.  
Address: 313 OKALOOSA ROAD  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: DUNGAN, SHIRLEY MRS.  
Address: 933 LIGHTHOUSE POINT ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: PD (X) Change ( ) Addition  
Name: BOWLES, STEVE B MR.  
Address: 917 LIGHTHOUSE POINT ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ST (X) Change ( ) Addition  
Name: BOWLES, SHERRY K MRS.  
Address: 917 LIGHTHOUSE POINT ROAD  
City-St-Zip: FT WALTON BEACH, FL 32547

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: SHERRY K. BOWLES

ST

04/30/2007

Electronic Signature of Signing Officer or Director

Date