

ANNUAL REPORT

DOCUMENT # N94000005364

1. Entity Name
LIGHTHOUSE POINT VILLAS HOMEOWNER'S
ASSOCIATION, INC.



FILED
May 12, 2006 08:00 AM
Secretary of State

Principal Place of Business
5408 POINT VILLA DRIVE
LIGHTHOUSE POINT, FL 33064-7061

Mailing Address
5408 POINT VILLA DRIVE
LIGHTHOUSE POINT, FL 33064-7061



05092006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0623326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINOTTI, GABRIEL A
5408 POINT VILLA DRIVE
LIGHTHOUSE POINT, FL 33064-7061

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MINOTTI, ANTHONY J
STREET ADDRESS 5400 POINT VILLA DRIVE
CITY- ST- ZIP LIGHTHOUSE POINT, FL 330647061

TITLE SD
NAME MINOTTI, DAVID L
STREET ADDRESS 5428 PINE CIRCLE
CITY- ST- ZIP CORAL SPRINGS, FL 33067

TITLE TD
NAME MINOTTI, GABRIEL A
STREET ADDRESS 5408 POINT VILLA DRIVE
CITY- ST- ZIP LIGHTHOUSE POINT, FL 330647061

TITLE
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CITY- ST- ZIP

U00000564187
05/20/06-80053-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

Gabriel Minotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-06

Date

Daytime Phone #