

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005364

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5402 POINT VILLA DRIVE  
LIGHTHOUSE POINT, FL 330647061

**New Principal Place of Business:**

**Current Mailing Address:**

5402 POINT VILLA DRIVE  
LIGHTHOUSE POINT, FL 330647061

**New Mailing Address:**

**FEI Number:** 65-0623326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINOTTI, MARY JANE  
5402 POINT VILLA DRIVE  
LIGHTHOUSE POINT, FL 330647061 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:** PD  
**Name:** D'AMICO, STEVEN L  
**Address:** 5428 POINT VILLA DRIVE  
**City-St-Zip:** LIGHTHOUSE POINT, FL 330647061

**Title:** SD  
**Name:** REYNOLDS, LISA  
**Address:** 5424 POINT VILLA DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** TD  
**Name:** MINOTTI, MARY JANE  
**Address:** 5402 POINT VILLA DRIVE  
**City-St-Zip:** LIGHTHOUSE POINT, FL 330647061

I hereby 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 all other like empowered.

**SIGNATURE:** MARY JANE MINOTTI

TD

01/26/2012

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

\_\_\_\_\_  
Date