


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90818 007 ****61.25

DOCUMENT # N96000006578 1. Entity Name LIGHTHOUSE POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3427235			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ETHERIDGE, RAY O. 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP STEVEN GUNDRUM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABA, MICHAEL P.		NAME	1534 BRIGATEN CT	
STREET ADDRESS	3298 SUMMIT BLVD., SUITE 18		STREET ADDRESS	GULF BREEZE, FL 32563	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD ANN DUNN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZ, JON		NAME	1521 Winding Shore Dr	
STREET ADDRESS	3298 SUMMIT BLVD #18		STREET ADDRESS	Gulf Breeze, FL 32563	
CITY-ST-ZIP	PENSACOLA, FL 325034350		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD Mike Sonntag	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNAWAY, HOWARD		NAME	6424 Old Harbor Ct	
STREET ADDRESS	1713 LIGHTHOUSE POINTE DR		STREET ADDRESS	Gulf Breeze, FL 32563	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SD KEN BRILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, TOM		NAME	PO Box 5099	
STREET ADDRESS	3298 SUMMIT BLVD. STE #18		STREET ADDRESS	GULF BREEZE, FL 32563	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D Jim Grubb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	6419 Old Harbor Ct	
STREET ADDRESS			STREET ADDRESS	Gulf Breeze, FL 32563	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Steven Gundrum</u> STEVEN Gundrum 4/18/07 850-484-3585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					