2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 21, 2008 8:00 am

ANNUAL REPURI					Sacratary of State			
DOCUMENT # N9600006578 1. Entity Name LIGHTHOUSE POINTE HOMEOWNERS ASSOCIATION, INC.					Secretary of State 04-21-2008 90097 020 ****61.25			
3298 SUMMIT BLVD. 32:		Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503				ma dinai dina mari il	ma n aa	
	gardongate Cer	3. Mailing Address 903 Sarden 6 Suite, Apt. #, etc.	ate Cc	01042008 C	hg-NP CR2	2E037 (12/06)		
City & State Penson Cola FL Zip Country		City & State Ponsacola			4. FEI Number			
325	DY USA	32504	USA	5. Certificate of S		Fee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
ETHERIDGE, RAY O. 3298-SUMMIT BLVD SUITE 4 PENSACOLA, FL-32503			Street Address ((P.O. Box Number is Not Acceptable) I ard engate Circle			
			City Pen	sacola		FL Zip Cod	504	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or regis	stered agent, or both, in	the State of Florida. I	am familiar with.	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title of applicable. (NOTE: Ri	ingssered Agent signitive requ	pred when reinstating)	D	ATE		
SIGNATURE	Signature, typed or presed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	end title of applicable. (NOTE: Right of applicable.) 9. Election Camp. Trust Fund Core	aign Financing	\$5.00 May Be Added to Fees	Make c	heck payable tepartment of S		
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12. Thereby certify that the information supplied with this filling 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:

TURE AND EXPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

5:50-5 4/14/08 4/14/08

ATTACHMENT 40075757

Supplemental Page

Lighthouse Pointe Homeowners Association, Inc. Document #N96000006578

Additions to Officers/Directors:

D O'Brien, Todd 6384 Old Harbor Ct. Gulf Breeze, FL 32563