2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # 718085 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS. 1 03-27-2000 90106 006 ****61.25 Principal Place of Business Mailing Address 4502 N FEDERAL HIGHWAY, BOX X 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064-6572 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name² Street Address (P.O. Box Number is Not Acceptable) KAYE & ROGER P.A. 6261 NW 6TH WAY **STE 103** City Zip Code FL FT LAUDERDALE FL 33309 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete AUFREITER, BERT NAME ECONOMOPOULOS, ANDREW NAME STREET ADDRESS STREET ADDRESS 4500 N Federal Hwy #246 4500 N FEDERAL HIGHWAY, #233 CITY-ST-ZIP CITY-ST-ZIP Lighthouse Point, F1. 33064 LIGHTHOUSE POINT FL 33064 ☐ Delete VPD **Change** TITL F ☐ Addition TITLE VPD NAME NAME BENNETT, KENNETH CASATELLI, MARY ANN STREET ADDRESS STREET ADDRESS 4502 N Federal Hwy #338 4500 N FEDERAL HIGHWAY, #347 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Lighthouse Point, Fl. 33064 **Change** SD TITLE ☐ Addition TITLE ☐ Delete SD NAME NAME HILL. PATSY A TRANER, DORIS STREET ADDRESS STREET ADDRESS 4502 N FEDERAL HIGHWAY, #320 4502 N Federal Hwy #217 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Lighthouse Point, F1. 33064 ☐ Addition ☐ Delete TITLE Change TITLE TD NAME NAME RUSSELL, MARLENE P STREET ADDRESS STREET ADDRESS 4502 N FEDERAL HIGHWAY, #240 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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