

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 718085**

1. Entity Name

**LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, I
NC.**

Principal Place of Business

Mailing Address

**4502 N FEDERAL HIGHWAY, BOX X
LIGHTHOUSE POINT FL 33064
US****4502 N FEDERAL HIGHWAY, BOX X
LIGHTHOUSE POINT FL 33064
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYE & ROGER P.A.
6261 NW 6TH WAY
STE 103
FT LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STAHL, ERIC	
STREET ADDRESS	4500 N FEDERAL HWY #246	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Economopoulos, Mary Ann	
STREET ADDRESS	4502 N. Federal Hwy. #233	
CITY-ST-ZIP	LIGHTHOUSE Point, FL. 33064	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOWEN, UNA FAY	
STREET ADDRESS	4502 N FEDERAL HWY #338	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIGOERCU, MONICA	
STREET ADDRESS	4502 N FEDERAL HWY #217	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TODD, BARBARA D	
STREET ADDRESS	4500 N FEDERAL HWY, #314-B	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, Thomas J.	
STREET ADDRESS	4502 N. Federal Hwy., #240	
CITY-ST-ZIP	Lighthouse Point, FL. 33064	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 (954) 941-8563

CR2E037 (9/01)