

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0047586

DOCUMENT # 724766

1. Entity Name

LIGHTHOUSE WAY ASSOCIATION, INC.

03-18-2002 90079 030 ****61.25

Principal Place of Business

Mailing Address

~~442 LIGHTHOUSE WAY~~
 SANIBEL FL 33957
 US

~~545 LIGHTHOUSE WAY~~
 SANIBEL FL 33957
 US

80044571

2. Principal Place of Business

3. Mailing Address

630 Lighthouse Way
 Suite, Apt. #, etc.

440 Lighthouse Way
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANIBEL FL

City & State

SANIBEL FL

4. FEI Number

23-7453720

Applied For

Not Applicable

Zip

Country

33957 Lee

Zip

Country

33957 Lee

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

LARSON, RONALD R
 440 LIGHTHOUSE WAY
 SANIBEL FL 33957

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 *Ronald R Larson*

3/3/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFFMAN, ARTHUR W 513 LIGHTHOUSE WAY SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, WILLIAM C 630 LIGHTHOUSE WAY SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSON, RONALD R 440 LIGHTHOUSE WAY SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGO, MIKE 550 LIGHT HOUSE WAY SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, JOHN W 461 LIGHTHOUSE WAY SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, JERRY 406 LIGHTHOUSE WAY SANIBEL FL 33957	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, ARTHUR W 513 Lighthouse Way Sanibel FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, William C 630 Lighthouse Way Sanibel FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINN, COLIN 545 Lighthouse Way Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINGEL, Charles W 419 Lighthouse Way Sanibel FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMPSON, JOHN W 461 Lighthouse Way Sanibel FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald R Larson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD R LARSON 3/3/02 9414721743
 Date Daytime Phone #

CR2E037 (9/01)