

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726801**

1. Entity Name

LIGHTHOUSE BAY CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**2755 NE 28TH AVE
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2755 NE 28TH AVE
LIGHTHOUSE POINT FL 33064**

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

**BLADE, PAUL E
515 S FEDERAL HWY
DEERFIELD BEACH FL 33441**

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** ☐ Delete
NAME **RICCI, PATRICK JR**
STREET ADDRESS **2755 NE 23RD AVE.**
CITY-ST-ZIP **LIGHTHOUSE PT. FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **TOTTERDALE, MARTHA**
STREET ADDRESS **2755 N.E. 28TH AVE.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **JOHNS, TRACEY**
STREET ADDRESS **2755 NE 28TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **OBRIEN, GAIL**
STREET ADDRESS **2755 NE 28TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

TRACEY JOHNS**1-20-02 954-946 9454**

DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)