2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90042 028 ****61.25

0036167

DOCUMENT # 743658

1. Entity Name

LIGHTHOUSE POINT GARDENS NORTH CONDOMINIUM ASSOC

Principal Place of Business	Mailing Address
1951 N.E. 39TH STREET LIGHTHOUSE POINT FL 33064	1951 N.E. 39TH STREET LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

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 59-1201636 ☐ 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
BECKER POLIAKOFF & STREITFELD, P.A. 3111 STIRLING RD. FT. LAUDERDALE FL 33312	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 $61.25	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 AVERY, GARY 1951 NE 39TH ST # 250 LIGHTHOUSE FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Joseph DeBuvitz 1951 NE 39 St #258 Lighthouse Point, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRYNS, ELSIE 1951 NE 39TH ST LIGHTHOUSE FL 33064	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Maintenance Kenneth McCourt 1951 NE 39 St. # 226 Lighthouse Point, Fl 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLECEK, PATRICIA 1951 NE 39TH ST # 251 LIGHTHOUSE FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Steven Coleman 1951 NE 39 St. # 164 Lighthouse Point, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRYNS, EDWARD 1951 NE 39TH ST LIGHTHOUSE FL 33064	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Marie Giblin 1951 NE 39 St. #132 Lighthouse Point, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MURTHA, BARBARA 1951 N E 39TH STREET # 142 LIGHTHOUSE FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIGGS, DOLORES 1951 NE 39TH ST LIGHTHOUSE FL 33064	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED Barbara Murtha 3/4/01 (954) 943-0066
Barbara Murtha, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #