## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 743658**

Entity Name

TITLE

NAME STREET ADDRESS COLEMAN, STEVEN

1951 NE 39TH ST #164

LIGHTHOUSE FL 33064

## LIGHTHOUSE POINT GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.



FILED May 05, 2003 8:00 am Secretary of State

Change

☐ Addition

05-05-2003 91382 001 \*\*\*\*61.25

IATION, IN	IC.		No. of the last of	<b>/</b>				
Principal Plac	e of Business	Mailing Address						
1951 N.E. 39TH STREET 195		1951 N.E. 39TH STREET LIGHTHOUSE POINT FL 33064						
				1 18811 1881 8188	I 1984 BUDI BURI SBU SBU BURI BURI B		811 8181 1888	
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number <b>59-1201636</b>		$\longrightarrow$	Applied For	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 A	dditional	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Ag	jent		
			Name					
BECKER POLIAKOFF & STREITFELD, P.A.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	RLING RD.							
FI. LAUU	ERDALE FL 33312							
			City		FL	Zip Co	de	
8. The above	named entity submits this statement fo	r the purpose of changing its re	agistered office or regis	stered agent, or both, in t	he State of Florida. I am fai	.L miliar with	n, and accept	
	tions of registered agent.	and hankers at a range of a second	-g	,,,,				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE)	Persistence Amont signature requ	ired when reinstating	DATE		<del></del>	
	Signature, typed or printed name or registered agent a	and the II applicable. (NOTE.	Registered Agent signature requ	med when remarkable)	- CATE			
		9 Floation Com	oolon Einanoina	<b>65.00</b>	Make Check	Davable	a to	
1	FILE NOW: FEE IS \$61.25		<ol> <li>Election Campaign Financing    Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIF		11.		S TO OFFICERS AND DIRE	CTORS		
	PD	Delete	TITLE P.F.	LES DENT	: <b>A</b>	Change	Addition	
NAME (	AVERY, GARY			~c# 39 5T	# 2 <i>2 3</i>			
STREET ADDRESS CITY-S#-ZIP	1951 NE 39TH ST  LIGHTHOUSE FL 33064		STREET ADDRESS 143	GHTHOUSE POIN	F, FL 33064			
	T	П	7075 70 70 70 70 70 70 70 70 70 70 70 70 70	2 2 - 7 - 4		☐ Change	€ZÉ Addition	
TITLE NAME	   Debuvitz, Joseph	☐ Delete		M.C.E.	W A N	Change	Addition	
STREET ADDRESS	1951 NE 39TH ST #258		STREET ADDRESS 19	51 NE 39 ST.	<b>者 123</b>			
CITY-ST-ZIP	LIGHTHOUSE FL 33064	÷ · -	CITY-ST-ZIP Li6	HIHOUSE POIN	T , FL : 33064		٠ . <del>-پ-</del> ~	
TITLE	SD	☐ Delete	TITLE D'1	rector		☐ Change	<b>★</b> Addition	
NAME	HOLECEK, PATRICIA			THY HARK			_	
STREET ADDRESS	1951 NE 39TH ST サンジ	i	9	Z' NE 34 si	4 EL 33064			
CITY-ST-ZIP	LIGHTHOUSE FL 33064		CITY-ST-ZIP	HTHOUSE POIL	<b>V</b>			
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	WUESTEWALD, JOHN		NAME					
	1951 NE 39TH ST #128		STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE FL 33064		CITY-ST-ZIP	***************************************				
TITLE	VPD	☐ Delete	TITLE			Change	Addition	
NAME	MURTHA, BARBARA		NAME					
	1951 N E 39TH STREET # 142	-	STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE FL 33064		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.

BARBARA MURTHA VICE PRESIDENT

TITLE

NAME

Delete

SIGNATURE: SIGNATURE REQUIRED Davias num 5/1/03 (954)785-4952

STREET ADDRESS CITY-ST-ZIP