2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90201 038 ****61.25

DOCUMENT # 749421

1. Entity Name

LIGHTHOUSE SHORES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
4745 S ATLANTIC AVENUE PONCE INLET FL 32127	4745 S ATLANTIC AVENUE PONCE INLET FL 32127-7191

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 59-2028690 ☐ Applied For ☐ Not Applic.

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

6. Name and Address of Current Registered Agent

SPENCER, GERALD B
4745 S ATLANTIC AVE
STE 102
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name H. FRED NEBEL

Street Address (P.O. Box Number is Not Acceptable) 4745 S. ATLANTIC AVE; # 206

City PONCE INLET, FL Zip Code 32127

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 H. F Nebel 1/20/00

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 ROMANO, PATRICIA P 4745 S ATLANTIC AVE #706 PONCE INLET FL	☐ Delete	DIRECTOR WINFRED LEE FEREN 2027 IRELAND GROVE RD. BLOOMINGTON, IL 60704	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOYNER, HAROLD 4745 S ATLANTIC AVE 604 PONCE INLET FL 32127	☐ Delete	DIRECTOR HARRY M. PETRAKIS 80 E. RD-DUNE-ACRES CHESTERTON, IN 46304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REPARKY, ANDREW 4745 S ATLANTIC AVE 301 PONCE INLET FL 32127	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEBEL, FRED H 4745 S ATLANTIC AVE #206 PONCE INLET FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINSON, JAMES C 4745 S ATLANTIC AVE 405 PONCE INLET FL 32127	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGNATURE REQUIRED 1/20/00 904-788-6421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #