


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

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90101 039 ****61.25

DOCUMENT # N01000004851

1. Entity Name
LIGHTHOUSE POINTE AT AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1417 SADLER ROAD, #47
FERNANDINA BEACH FL 32034**

Mailing Address
**1417 SADLER ROAD, #47
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1417 Sadler Rd # 147

Suite, Apt. #, etc.
1417 Sadler Rd # 147

City & State


City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **75-3066557**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLOWAY, STRICKLAND
1417 SADLER ROAD, #47 #147
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, STRICKLAND	
STREET ADDRESS	1417 SADLER ROAD, #47 #147	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAUER, LANNY M	
STREET ADDRESS	401 CENTRE STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SATCHER, LISA G	
STREET ADDRESS	401 CENTRE STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

CR2E037 (4/03)