2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N16253** 1. Entity Name LIGHTHOUSE POINT SALTWATER SPORTSMAN ASSOCIATION Mailing Address Principal Place of Business 1475 W. CYPRESS CREEK RD. 1475 W. CYPRESS CREEK RD.

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90240 017 ****61.25

US	. FL 33309	US				ar i (2 818 4 18 8 18 86) A uk as (2 8	# # # # # # # # # # # # # # # # # # #		BI 11871 (181		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Numbe	Number 59-2786630		\rightarrow	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate			8.75 Add	ditional	1	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
and the second s				Name							
GOLDING, STEPHEN M 1475 W. CYPRESS CREEK RD. STE. 204 FT LAUDERDALE FL 33309				Street Address (P.O. Box Number is Not Acceptable) City 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											
1 100 110 11		9. Election Campaign Trust Fund Contribu	ution. Added to Fees			Depar	Make Check Payable to Department of State				
10.	OFFICERS AND DIF	RECTORS	11,		ADDITIONS/CH.	ANGES TO OFFICERS				۽ ⊢	
TITLE	DVP	🔀 Delete	TITLE				[Change	☐ Addition		
NAME	SEDEL, ARNOLD		NAME							ļ	
STREET ADDRESS	4251 NE 23RD TERRACE		STREET ADDRES	is						8	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	Delete	CITY-ST-ZIP	7770	<u></u>				X Addition	ۇ إ-	
TITLE	DT	TITLE		— · —							
NAME	GOLDING, STEPHEN M	1004	NAME STREET ADDRES	- 1	N CLARKE	Cala Camana					
STREET ADDRESS CITY-ST-ZIP	1475 W. CYPRESS CREEK RD. #204				2840 N. W. 46th Street Lighthouse Point, Fl. 33064					Ì	
<u> </u>	FT LAUDERDALE FL 33309 OP	X Delete	CITY-ST-ZIP		renouse i			Change	Addition	={	
TITLE NAME	IMBRIALE, JOE	₹ Detete	NAME	PD	ROLL LEE		,		₩		
STREET ADDRESS	3740 NE 27TH AVE.		STREET ADDRES			ek Hollows C	irala				
CITY-ST-ZIP	LIGHTHOUSE PT. FL		CITY-ST-ZIP	Dee	rfield Be	ach, $F1.334$	41			\	
TITLE	D	K Delete	TITLE	1	<u></u>	<u> </u>		Change	☐ Addition	7	
NAME	GOLDING, STEPHEN		NAME								
STREET ADDRESS	1101B HIGHLAND BEACH DRIVE		STREET ADDRES	ss						-	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		CITY-ST-ZIP							1	
TITLE	DVP	X Delete	TITLE	ŀ			[Change	Addition		
NAME	MCLAUGHLIN, GREG		NAME							1	
STREET ADDRESS	2911 NE 40TH CT		STREET ADDRES	SS \							
CITY-ST-ZIP	LIGHTHOUSE PT 33		CITY-ST-ZIP							1	
TITLE	D :	☐ Delete	TITLE				I	☐ Change	Addition	1	
NAME	IMBRIALE, JOE		NAME							1	
STREET ADDRESS	3740 NE 27TH AVENUE		STREET ADDRES	ss						1	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-\$T-ZIP							4	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption	stated in S	ection 119.07(3)(i), Florida Statutes. I fur	ther certif	y that the i	information r or director	ĺ	

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 a country large empowered.

SIGNATURE:

N. GOLDING 1-13-00