

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90006 048 \*\*\*\*61.25

**DOCUMENT # N16253**

1. Entity Name  
**LIGHTHOUSE POINT SALTWATER SPORTSMAN ASSOCIATION, INC.**

Principal Place of Business 1475 W. CYPRESS CREEK RD. 204 FT. LAUDERDAL FL 33309 US	Mailing Address 1475 W. CYPRESS CREEK RD. 204 FT LAUDERDALE FL 33309 US
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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 <b>59-2786630</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOLDING, STEPHEN M**  
 1475 W. CYPRESS CREEK RD.  
 STE. 204  
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ 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**

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

TITLE NAME	VP/D CLARKE, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2840 N.W. 46TH STREET	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	
TITLE NAME	DT GOLDING, STEPHEN M	<input type="checkbox"/> Delete
STREET ADDRESS	1475 W. CYPRESS CREEK RD. #204	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE NAME	PD LEE, CARROLL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	606 DEER CREEK HOLLOWES CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE NAME	D IMBRIALE, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3740 NE 27TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP/D TOM DONAHOE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2801 NE 8TH STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE NAME	P/D ADRIAAN J. HOLT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1071 SE 9TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE NAME	D/S MICHAEL COHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3265 NE 31ST AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED STEPHEN M. GOLDING** 1/31/02 954-772-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)