

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/6/00-90081-042-\$61.25-\$61.25

**DOCUMENT # N26249**

FILED

00 MAR 27 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**LIGHTHOUSE LANDING HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**% PATRICK F. HEALY  
700 S. BARCOCK ST., SUITE 400  
MELBOURNE FL 32902**      **% PATRICK F. HEALY  
700 S. BARCOCK ST., SUITE 400  
MELBOURNE FL 32901-1472**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ralph Copeland**

City & State      City & State  
**Satellite Beach FL**

4. FEV Number      Applied For / Not Applicable  
**06-1206262**

Zip      Country      Zip      Country  
**32937      USA**

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

6. Name and Address of Current Registered Agent  
**HEALY, PATRICK F.  
700 S. BARCOCK STREET  
SUITE 400  
MELBOURNE FL 32902-2523**

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.

SIGNATURE DATE **3-1-2000**  
(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	PD	<input type="checkbox"/> Delete
NAME	COPELAND, RALPH A.	
STREET ADDRESS	475 LIGHTHOUSE LANDING	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCBRIDE, BRUCE	
STREET ADDRESS	475 LIGHTHOUSE LANDING	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KENNAISTY, FRANK	
STREET ADDRESS	463 LIGHTHOUSE LANDING	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	Fogg, Everett STD	<input type="checkbox"/> Delete
NAME	409 Lighthouse Landing	
STREET ADDRESS	Satellite Beach, FL 32937	
CITY-ST-ZIP		
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		
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 files empowered.

SIGNATURE: DATE **3-1-2000** DAYTIME PHONE # **321-773-6176**

CR2E037 (9/99)

KE