

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90144 025 ****61.25

UBR 14323

DOCUMENT # N26249

1. Entity Name

LIGHTHOUSE LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PATRICK F. HEALY
 700 S. BABCOCK ST., SUITE 400
 MELBOURNE FL 32902

C/O MIKA BADEN
 443 LIGHTHOUSE LANDING STREET
 SATELLITE BEACH FL 32937

BU000440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Patrick F. Healy
 Suite, Apt. #, etc.
 700 S. Babcock St #400

Mika Baden
 Suite, Apt. #, etc.
 443 Lighthouse Landing St

City & State

City & State

4. FEI Number 06-1206262

Applied For
 Not Applicable

Zip

Country
 Brevard

Zip

Country
 Brevard

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEALY, PATRICK F.
 700 S. BABCOCK STREET
 SUITE 400
 MELBOURNE FL 32902-2523

Name: Mika Baden
 Street Address (P.O. Box Number is Not Acceptable): 443 Lighthouse Landing St
 City: Satellite Beach FL Zip Code: 32937

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: Mika Baden President Mika Baden 3.13.02
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 \$5.00 May Be Added to Fees. Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BADEN, MIKA	
STREET ADDRESS	443 LIGHTHOUSE LANDING STREET	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EMERY, DON	
STREET ADDRESS	413 LIGHTHOUSE LANDING STREET	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RYKACZEWSKI, BOB	
STREET ADDRESS	467 LIGHTHOUSE LANDING STREET	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETRO, ANDREW	
STREET ADDRESS	401 LIGHTHOUSE LANDING STREET	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mika Baden	
STREET ADDRESS	443 Lighthouse Landing St	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON EMERY	
STREET ADDRESS	413 Lighthouse Landing St	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB RYKACZEWSKI	
STREET ADDRESS	467 Lighthouse Landing St	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY PETRO	
STREET ADDRESS	401 Lighthouse Landing St	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
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: Mika Baden President Mika Baden 3.13.02 321 719 1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)