

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002140

1. Entity Name

LIGHT HOUSE HOME OWNERS ASSOCIATION, INC.

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90174 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

923 LIGHTHOUSE RD  
FT WALTON BEACH FL 32547  
US

923 LIGHTHOUSE RD  
FT WALTON BEACH FL 32547-3914  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3243224

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEXTON, JAMES  
923 LIGHTHOUSE ROAD  
FT WALTON BEACH FL 32547

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

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  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SEXTON, JAMES  
STREET ADDRESS 923 LIGHTHOUSE ROAD  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME SEXTON, CAROLYN L  
STREET ADDRESS 923 LIGHTHOUSE RD  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME LEWIS, JAMES  
STREET ADDRESS 931 LIGHTHOUSE ROAD  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00

850-243-2525

CR2E037 (9/99)