

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2002 90016 020 \*\*\*\*61.25

**DOCUMENT # N94000002140**

1. Entity Name

**LIGHT HOUSE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**923 LIGHTHOUSE RD  
 FT WALTON BEACH FL 32547  
 US**

**923 LIGHTHOUSE RD  
 FT WALTON BEACH FL 32547  
 US**

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

**59-3243224**

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
NAME	SEXTON, JAMES	
STREET ADDRESS	923 LIGHTHOUSE ROAD	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEXTON, CAROLYN L	
STREET ADDRESS	923 LIGHTHOUSE RD	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORTON, DANNY	
STREET ADDRESS	911 LIGHTHOUSE ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sodec, John	
STREET ADDRESS	903 Lighthouse Rd.	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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: *Casimir Sexton* (Signature Required) **SEXTON, JAMES**

Date: **4/26/02** 850-863-2841

CR2E037 (9/01)