

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90004 006 ****61.25

DOCUMENT # N94000005364

1. Entity Name

LIGHTHOUSE POINT VILLAS HOMEOWNER'S ASSOCIATION,

Principal Place of Business

**5408 POINT VILLA DRIVE
 LIGHTHOUSE POINT FL 33064-7061**

Mailing Address

**5420 POINT VILLA DR
 LIGHTHOUSE POINT FL 33064
 US**

2. Principal Place of Business

5406 POINT VILLA DR

Suite, Apt. #, etc.

3. Mailing Address

5406 POINT VILLA DR

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT, FL

Zip

33064-7061 BROWARD

Country

Zip

33064-7061 BROWARD

Country

4. FEI Number

65-0623326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MINOTTI, DAVID L
 5420 POINT VILLA DR
 LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name

ROMEO, THOMAS L.

Street Address (P.O. Box Number is Not Acceptable)

5406 POINT VILLA DR

City

LIGHTHOUSE POINT

FL

Zip Code

33064-7061

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.

ROMEO, THOMAS L PD

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURREA, GABRIEL 5426 POINT VILLA DR LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASHBY, FRANKLYN 5402 POINT VILLA DR LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MINOTTI, DAVID L 5420 POINT VILLA DR LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMEO, THOMAS L 5406 POINT VILLA DR LIGHTHOUSE POINT, FL 33064-7061	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASHBY, FRANKLIN 5402 POINT VILLA DR LIGHTHOUSE POINT, FL 33064-7061	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURREA, GABRIEL 5426 POINT VILLA DR LIGHTHOUSE POINT, FL 33064-7061	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROMEO, THOMAS L PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

954-426-4902

Daytime Phone #

CR2E037 (10/00)