2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90045 046 ****61.25

DOCUMENT # 739670

1. Entity Name

LAMP POST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7515 RIDGEWOOD AVENUE CAPE CANAVERAL FL 32920	7515 RIDGEWOOD AVENUE CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

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 59-1791243 ☐ 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
MARSHALL, IAN 1963 BRANDYWINE RD # 303 WEST PALM BEACH FL 33409	Name: NANCY GORMAN Street Address (P.O. Box Number is Not Acceptable): 7515 RIDGEWOOD AV #15 City: CAPE CANAVERAL FL Zip Code: 32920

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: NANCY GORMAN — Nancy Gorman — 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GORMAN, NANCY 7515 RIDGEWOOD AVE #15 CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VICKI, LESLIE 425 TYLER AVE # 2 CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TONY GORMAN 7515 RIDGEWOOD AV #16 CAPE CANAVERAL, FL 32920	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARSHALL, IAN 1963 BRANDYWINE RD # 303 WEST PALM BEACH FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIM McGILLICUDDY 425 TYLER AVE #4 CAPE CANAVERAL, FL 32920	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED NANCY GORMAN Nancy Gorman 4/29/02 3218680572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #