

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745323

1. Entity Name

Lighthouse Village Condominium Association Inc

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90085 041 ****61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

2085 University Dr

3. Mailing Address

2085 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

Country

33071 US

Zip

Country

33071 US

4. FEI Number

59-2001001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James Calderazzo
10191 W Sample Rd #203
Coral Springs, FL 33065

7. Name and Address of New Registered Agent

Name: Southeast Condominium Management
Street Address (P.O. Box Number is Not Acceptable):
2085 University Dr
City: Coral Springs FL Zip Code: 33071

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/00

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	D	Nowak, Mitchell	☒ Delete
NAME		3951 NE 17 Ave	
STREET ADDRESS		Pompano Bch, FL 33064	
CITY-ST-ZIP			
TITLE	P/D	Morris, Penni	☐ Delete
NAME		3951 NE 18 Ave	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE	D	Frazer, Richard	☒ Delete
NAME		1759 NE 39 St	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE	D	Franchino, Richard	☒ Delete
NAME		1821 NE 40 St	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE	S/D	Welling, Cindy	☐ Delete
NAME		3900 NE 19 Rd	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/P/D	Hunt, Margo	☐ Change ☒ Addition
NAME		3951 NE 17 Ave	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE	S/D	Bookhammer, Robert	☐ Change ☒ Addition
NAME		1759 NE 40 Pl	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE	D	Morris, Walter	☐ Change ☒ Addition
NAME		3951 NE 18 Ave	
STREET ADDRESS		Pompano Bch, FL	
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ 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: [Signature] PENNIMORRIS, PRES 8/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)