2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90060 009 ****61.25

0020266

DOCUMENT # 745323

1. Entity Name

LIGHTHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.

354493

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2085 UNIVERSITY DR~~ ~~CORAL SPRINGS FL 33071~~ ~~US~~	~~2085 UNIVERSITY DR~~ ~~CORAL SPRINGS FL 33071~~ ~~US~~

2. Principal Place of Business	3. Mailing Address
	C/O WATSON PROPERTY MGMT, INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 880328
City & State	City & State BOCA RATON, FL.
Zip / Country	Zip 33488-0328 / Country PALM BEACH

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	7. Name and Address of New Registered Agent
~~SOUTHEAST CONDOMINIUM MANAGEMENT~~ ~~2085 UNIVERSITY DR~~ ~~CORAL SPRINGS FL 33071~~	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUNT, MARGO 3951 NE 17TH AVE POMPANO BEACH FL 33054	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P RUSSO, JOE 1779 NE 40TH PLACE #803 POMPANO BEACH, FL. 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRIS, PENNI 3951 NE 18TH AVE #1501 POMPANO BEACH FL 33064	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V MILLARD, NANCY 1780 NE 39TH CT. #909 POMPANO BEACH, FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOOKHAMMER, ROBERT 1759 NE 40 PL POMPANO BEACH FL 33064	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S STUBBS, TEENA 3951 NE 17 AVE #708 POMPANO BEACH, FL. 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, WALTER 3951 NE 18 AVE POMPANO BEACH FL 33064	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T BROWN, GAYLE 1750 NE 39TH CT #806 POMPANO BEACH, FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WELLING, CINDY 3900 NE 19TH ROAD POMPANO BEACH FL 33054	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ WILSON, ANNE 3950 NE AVE #701 POMPANO BEACH, FL 33064	☐ 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 Jean R. Stubbs (Jean R. Stubbs) 4-15-02 (954) 941-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #