2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745323

1. Entity Name



FILED Mar 07, 2003 8:00 am secretary of State

03-07-2003 90073 017 ****61 25

LIGHTH	OUSE VILLAGE CONDOMINIU	M ASSOCIATION, INC.			05	01 2003 90013 0.	., 01	1.25	
Principal Place of Business C/O WATSON PROPERTY MANITUC P.O. BOX 880328 BOCA RATON FL 33488-0328 US		Mailing Address C/O WATSON PROPERTY MANITUC P.O. BOX 880328 BOCA RATON FL 33488-0328 US							
2. Principal Place of Business		3. Mailing Address		 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ C+	HECK HERE IF MAKING	G CHANGES	S	
City & State		City & State		4. FEI	4. FEI Number 59-2001001 Applied For				
Zip	Country	Zip	Country	5. Ce	tificate of Statu	us Desired	\$8.75 Ac	lot Applicable dditional	-
	6. Name and Address of Current	Registered Agent		7. Nai	ne and Addre	ss of New Registered	Fee Require	ed	4
~~2085JJH	EAST CONDOMINIUM MANAGEMEN NIVERSITY DR SPRINGS FL 33071	ĬŢ	Name S	John J	R. La	nergen	Esq are	uire	- - - -
		l	CityFol	rt Mu	C73	FL	3 50	707	
The abovethe obligation	e named entity submits this statement for ations of registered agent	the purpose of changing its r	registered office or r	egistered agent	or both, in the	State of Florida. I am t	amiliar with,	and accept	7
SIGNATURE	Signature, typed or printed name of registered agent a	$\angle \mathcal{P}$	no R. La	~4.9An.	Esq.	3/4/	103		
/-	- gallet again	MOTE:	Registered Agent signature	required when reinsta	iting)	DATE			╛
	FILE NOW: FEE IS:\$61.25	9. Election Camp Trust Fund Co	· • • -	\$5.00 Added to	May Be Fees	Make Check Florida Depart			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITION	IS/CHANGES	TO OFFICERS AND DIF	ECTORS IN	10	Ⅎ
TITLE NAME	DP RUSSO, JOE	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1779 NE 40TH PLACE #403 POMPANO BEACH FL 33064		NAME STREET ADDRESS CITY-ST-ZIP						F037 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VILLARD, NANCY 1780 NE 39TH CT. #903 POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, 2		Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STUBBS, JEEVA 3951 NE 17 AVE #708 POMPANO BEACH FL 33064	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	anger anger a la l		, ,	c Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, GAYLE 1750 NE 39TH CT #806 POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ANNE 3951 NE 17 AVE #701 POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	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

SIGNATURE: