

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766846

1. Entity Name

LIGHTHOUSE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

200 GOLDEN BAY BLVD.  
OAK HILL FL 32759  
US

Mailing Address

200 GOLDEN BAY BLVD.  
OAK HILLS FL 32759-9756  
US

2. Principal Place of Business

444 W. New England Ave.  
Suite B  
Winter Park, FL

3. Mailing Address

444 W. New England Ave.  
Suite B  
Winter Park, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32789

32789

6. Name and Address of Current Registered Agent

HUKILL, DOROTHY L  
138 LIVE OAK AVENUE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name Thomas D. Malcolm

Street Address (P.O. Box Number is Not Acceptable)  
444 W. New England Ave

Suite B

City Winter Park FL Zip Code 32789

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

Thomas D. Malcolm

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOWDA, CLAUDE	
STREET ADDRESS	259 GOLDEN BAY BLVD	
CITY-ST-ZIP	OAK HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HELEN	
STREET ADDRESS	545 CHEYENNE DRIVE	
CITY-ST-ZIP	OAK HILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, JOHN H.	
STREET ADDRESS	1507 SPRING LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, DEE	
STREET ADDRESS	285 GOLDENBAY BLVD	
CITY-ST-ZIP	OAK HILL FL 5	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, JAMES W.	
STREET ADDRESS	14E WASHINGTON STREET, SUITE 400	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benge, Tony M.	
STREET ADDRESS	316 E. Pine St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warlick, Thomas H.	
STREET ADDRESS	316 E. Pine St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JAMES W.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00

Date

407-36-8776

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3011112 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)