

5/15

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-15-2001 90103 025 ***150.00

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1. Entity Name

LAKEHURST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1041 SE SEAGRASS AVENUE
PORT ST. LUCIE FL 34983

Mailing Address

1041 SE SEAGRASS AVENUE
PORT ST. LUCIE FL 34983

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

65-1078863

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

NAVARETTA, STEPHEN
1100 S.W. ST. LUCIE WEST BOULEVARD
SUITE 203
PORT ST. LUCIE FL 34988

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

Thomas F. Izzo
 Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/2001
 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	PD IZZO, THOMAS F 1041 SE SEAGRASS AVENUE PORT ST. LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IZZO, MINDY 1041 SE SEAGRASS AVENUE PORT ST. LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IZZO, JOHN 1041 SE SEAGRASS AVENUE PORT ST. LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas F. Izzo
 Signature, typed or printed name of signing officer or director

3/14/2001
 Date

Daytime Phone #

CR2037 (10/00)