

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

02-28-2002 90061 017 ****61.25

DOCUMENT # N00000001979

1. Entity Name

LAKEHURST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1041 SE SEAGRASS AVENUE
 PORT ST. LUCIE FL 34983

1041 SE SEAGRASS AVENUE
 PORT ST. LUCIE FL 34983

2. Principal Place of Business

1338 SW BILTMORE ST

Suite, Apt. #, etc.

3. Mailing Address

1338 SW BILTMORE ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE, FL

4. FEI Number

65-1078863

Applied For

Not Applicable

Zip

Country

34983-7958

ST LUCIE

Zip

Country

34983-7958

ST LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

THOMAS F IZZO

Street Address (P.O. Box Number is Not Acceptable)

1338 SW BILTMORE ST

City

PORT ST LUCIE

FL

Zip Code

34983-7958

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 THOMAS F IZZO

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

(NOTE: Registered Agent signature required when reinstating)

01-31-02

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 ☒ PD ☐ Delete
 NAME IZZO, THOMAS F
 STREET ADDRESS 1041 SE SEAGRASS AVENUE
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☒ VD ☐ Delete
 NAME IZZO, MINDY
 STREET ADDRESS 1041 SE SEAGRASS AVENUE
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☒ SD ☐ Delete
 NAME IZZO, JOHN
 STREET ADDRESS 1041 SE SEAGRASS AVENUE
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

Thomas F Izzo SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2002

Date

Daytime Phone #

CR2E037 (9/01)