

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47945

1. Entity Name

LIGHTHOUSE POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

TIMBER ISLAND REALTY  
P.O. BOX 1059 HWY 98  
CARRABELLE FL 32322  
US

Mailing Address

% TIMBER ISLAND REALTY  
P.O. BOX 1059 HIGHWAY 98  
CARRABELLE FL 32322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, AUDIE E  
4010 OLD BAINBRIDGE RD  
TALLAHASSEE FL 32303

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 DPV  
NAME LANGSTON, AUDIE E. ☐ Delete  
STREET ADDRESS 4010 OLD BAINBRIDGE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ST  
NAME LANGSTON, AUDIE E. ☐ Delete  
STREET ADDRESS 4010 OLD BAINBRIDGE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D  
NAME LANGSTON, MARJORIE ☐ Delete  
STREET ADDRESS 4010 OLD BAINBRIDGE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D  
NAME LANGSTON, MICHAEL ☐ Delete  
STREET ADDRESS 4010 OLD BAINBRIDGE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

08/27/02

Date

850-697-3252

Daytime Phone #

FILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90047 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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