

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47945

1. Entity Name
LIGHTHOUSE POINTE ESTATES HOMEOWNERS
ASSOCIATION, INC.



FILED

04 SEP 10 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

09092004

Chg-NP

CR2E037 (10/03)

MRS

4. FEI Number
59-3134678

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Audie E. Langston

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

(NOTE: Registered Agent signature required when reinstating)

9/08/04

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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
600041131676
09/17/04--01086--001 **\$61.25

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:

Audie E. Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/08/04

DATE

850-697-3254

Daytime Phone #