(10/02)

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## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 13, 2003 8:00 am Secretary of State **DOCUMENT # N47945** 1. Entity Name 01-13-2003 90428 043 \*\*\*\*61.25 LIGHTHOUSE POINTE ESTATES HOMEOWNERS ASSOCIATION , INC. Principal Place of Business Mailing Address TIMBER ISLAND REALTY % TIMBER ISLAND REALITY 70002807 P.O. BOX 1059 HWY 98 P.O. BOX 1059 HIGHWAY 98 CARRABELLE FL 32322 CARRABELLE FL 32322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3134678 Applied For Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGSTON, AUDIE E Street Address (P.O. Box Number is Not Acceptable) 4010 OLD BAINBRIDGE RD TALLAHASSEE FL 32303 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 SIGNATÚRE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPV TITLE ☐ Delete TITLE LANGSTON, AUDIE E. NAME Change ☐ Addition NAME STREET ADDRESS 4010 OLD BAINBRIDGE RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CR2E037 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME LANGSTON, AUDIE E. ☐ Change ☐ Addition NAME STREET ADORESS 4010 OLD BAINBRIDGE RD. STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE ☐ Delete LANGSTON, MARJORIE NAME Change ☐ Addition 4010 OLD BAINBRIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY - ST- ZIP Delete TITLE LANGSTON, MICHAEL ☐ Change ☐ Addition NAME STREET ADDRESS 4010 OLD BAINBRIDGE RD. STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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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 SIGNATURE:

1-10-02