

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 755014 (8)
 1. Corporation Name
STARBOARD LIGHT CONDOMINIUM ASSN., INC.



Principal Place of Business 2006 OCEAN SHORE BOULEVARD #1 ORMOND BEACH FL 32176	Mailing Address 2006 OCEAN SHORE BOULEVARD #1 ORMOND BEACH FL 32176-3157
---	--

2. Principal Place of Business 21 2006 OCEAN SHORE BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 2006 OCEAN SHORE BLVD # 17 Suite, Apt. #, etc.		4. FEI Number 59-2279929		3a. Date of Last Report 02/07/1996	
22 ORMOND BEACH, FL City & State		27 ORMOND BEACH, FL City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 32176 Country USA		28 Zip 32176 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32176 25 Volusia		29 32176 30 Volusia		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PENLEY, LEE 2006 #1 OCEAN SHORE BLVD. ORMOND BEACH FL 32176				10. Name and Address of New Registered Agent 81 Name ROBERT RICHTER 82 Street Address (P.O. Box Number is Not Acceptable) 2006 # 17 Ocean Shore Blvd. 83 84 City Ormond Beach FL 85 Zip Code 32176			
---	--	--	--	--	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ROBERT RICHTER, MANAGER** *Robert F. Richter* **4/5/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME AGEE, J W STREET ADDRESS 605 NORTH COUNTRY CLUB ROAD CITY-ST-ZIP LAKE MARY FL	<input type="checkbox"/> DELETE	1.1 TITLE D/S 1.2 NAME AGEE, J. WENDELL 1.3 STREET ADDRESS 505 N. Country Club Rd. 1.4 CITY-ST-ZIP Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME EVERETT, ANN STREET ADDRESS 1994 BIG OAK DRIVE CITY-ST-ZIP S DAYTONA BCH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D7VP 2.2 NAME Edwards, Claudia 2.3 STREET ADDRESS 3320 Dartmoor Dr. 2.4 CITY-ST-ZIP Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME EDWARDS, CLAUDIA STREET ADDRESS 2006 #14 OCEAN SHORE BLVD. CITY-ST-ZIP ORMOND BCH. FL	<input type="checkbox"/> DELETE	3.1 TITLE D/T 3.2 NAME Long, George 3.3 STREET ADDRESS 2006 # 13 Ocean Shore Blvd. 3.4 CITY-ST-ZIP Ormond Beach, FL. 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME MEHL, CATHY STREET ADDRESS 822 OAKGLEN DR CITY-ST-ZIP PEORIA IL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D/P 4.2 NAME Oschman, Mary 4.3 STREET ADDRESS 2743 Starborough Drive 4.4 CITY-ST-ZIP Kississimee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)