

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 BLVD, ORMOND BEACH FL 32176 US  
Mailing Address: 2006 OCEAN SHORE BLVD #17, ORMOND BEACH FL 32176 US

3. Date Incorporated or Qualified: 11/06/1980  
4. FEI Number: 59-2279929  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) details including City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: RICHTER, ROBERT, 2006 #1 OCEAN SHORE BLVD, ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent: SAME, 2006 #17 OCEAN SHORE BLVD, ORMOND BEACH, FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	AGEE, J W	
STREET ADDRESS	505 NORTH COUNTRY CLUB ROAD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, CLAUDIA	
STREET ADDRESS	3320 DARTMOOR DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, CLAUDIA	
STREET ADDRESS	2006 #14 OCEAN SHORE BLVD.	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	OSCHMAN, MARY	
STREET ADDRESS	2743 STARBOROUGH DR	
CITY-ST-ZIP	KISSISSIMEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LONG, GEORGE	
STREET ADDRESS	2006 #13 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHTER, JOAN	
1.3 STREET ADDRESS	2006 OCEAN SHORE BLVD #17	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STIPE, LYN	
2.3 STREET ADDRESS	5 WIER AVE	
2.4 CITY-ST-ZIP	WILMINGTON, DE 19809	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEANNISON, ROBERTA B.	
3.3 STREET ADDRESS	7820 BAY MEADOWS CIRCLE WEST	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
4.1 TITLE	<del>MILLER</del> DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MILLER, FRANK	
4.3 STREET ADDRESS	RD #1 BOX 750	
4.4 CITY-ST-ZIP	COAL TOWNSHIP, PA 17866	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

SIGNATURE: \_\_\_\_\_ DATE: 6/16/98 (901) 673-1916

CFR2E037 (10/97)