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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755014

1. Corporation Name

STARBOARD LIGHT CONDOMINIUM ASSN., INC.

* 9 2 7 1 4 *
 92714 - 90025 - 22 *

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/06/1980

4. FEI Number

59-2279929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RICHTER, ROBERT
 2006 #17 OCEANSHORE BLVD
 ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE DS
 NAME RICHTER, JOAN
 STREET ADDRESS 2006 OCEAN SHORE BLVD #17
 CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE DVP
 NAME STIPO, LYN
 STREET ADDRESS 5 WIER AVE
 CITY-ST-ZIP WILMINGTON DE 19809

TITLE PD
 NAME DENNISON, ROBERTA B.
 STREET ADDRESS 7820 BAYMEADOWS CIRCLE W
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DP
 NAME MILLER, FRANK
 STREET ADDRESS RD #1 BOX 750
 CITY-ST-ZIP COAL TOWNSHIP PA 17866

TITLE DT
 NAME LONG, GEORGE
 STREET ADDRESS 2006 #13 OCEAN SHORE BLVD
 CITY-ST-ZIP ORMOND BEACH FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joan Richter

1/5/99

(904)441-3679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)