

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90228 040 ****61.25

DOCUMENT # 755014

1. Entity Name

STARBOARD LIGHT CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

2006 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176
 US

2006 OCEAN SHORE BLVD
 #17
 ORMOND BEACH FL 32176-3160
 US

702401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2279929

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

Robert Richter

1-5-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	RICHTER, JOAN	
STREET ADDRESS	2006 OCEAN SHORE BLVD #17	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STIPO, LYN	
STREET ADDRESS	5 WIER AVE	
CITY-ST-ZIP	WILMINGTON DE 19809	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DENNISON, ROBERTA B.	
STREET ADDRESS	7820 BAYMEADOWS CIRCLE W	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, FRANK	
STREET ADDRESS	RD #1 BOX 750	
CITY-ST-ZIP	COAL TOWNSHIP PA 17866	
TITLE	DM	<input type="checkbox"/> Delete
NAME	LONG, LILLIAN	
STREET ADDRESS	2006 #13 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Lillian M Long *1/5/00* *904 441-6114*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #