

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90121 030 ****61.25

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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
 US**

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

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
 After September 12, 2001, min. will be \$236.25**

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 checked="" 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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Robert B. Dennison 7/9/01

CR2E037 (5/01)