

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

0002168

**DOCUMENT # 755014**

1. Entity Name

**STARBOARD LIGHT CONDOMINIUM ASSN., INC.**

01-21-2002 90039 035 \*\*\*\*61.25

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**



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 \_\_\_\_\_

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	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>RICHTER, JOAN</b>	
STREET ADDRESS	<b>2006 OCEAN SHORE BLVD #17</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>DENNISON, ROBERTA B.</b>	
STREET ADDRESS	<b>7820 BAYMEADOWS CIRCLE W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, FRANK</b>	
STREET ADDRESS	<b>RD #1 BOX 750</b>	
CITY-ST-ZIP	<b>COAL TOWNSHIP PA 17866</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, LILLIAN</b>	
STREET ADDRESS	<b>2006 #13 OCEAN SHORE BLVD</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, ED</b>	
STREET ADDRESS	<b>175 QUARTERLINE RD</b>	
CITY-ST-ZIP	<b>TILLSONBURG, ONTARIO, CANADA N4G 4K2</b>	
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:** S. Robert Richter Lillian M Long 1-8-02 386-441-3679  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)