


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90103 036 \*\*\*\*61.25

**DOCUMENT # 755014**  
1. Entity 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
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66020718



03252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2279929	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~RICHTER, ROBERT~~  
2006 #17 OCEANSHORE BLVD  
ORMOND BEACH, FL 32176  
*AIR Tax + Bookkeeping Inc*  
*P.O. Box 1688*  
*Ormond Beach FL*  
*32175*  
*55 Longwood Dr.*

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Theresa Ellis* DATE: *3-29-05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2005  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <del>RICHTER, JOAN</del> 2006 OCEAN SHORE BLVD #17 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ST Pres</del> DENNISON, ROBERTA B. 7820 BAYMEADOWS CIRCLE W JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>OP V.P.</del> MILLER, FRANK RD #1 BOX 750 COAL TOWNSHIP, PA 17868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Sec. Treas.</del> CARNICELLI, MATTHEW 6012 OAKRIDGE RD. AUBURN, NY 13021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Roberta Dennison* DATE: *4-27-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR