

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90113 015 \*\*\*\*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**

70015594



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, ED</b>	
STREET ADDRESS	<b>1259 QUARTERLINE RD</b>	
CITY-ST-ZIP	<b>ONTARIO CA N4-G4RZ</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 *Frank Miller* **REQUIRED**

CR2E037 (10/02)