

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90038 040 \*\*\*\*61.25

<b>DOCUMENT # N04409</b>			
1. Entity Name <b>STARLIGHT COVE PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business 1215 E HILLSBORO BLVD S-202 DEERFIELD BEACH FL 33441 US		Mailing Address 1215 E HILLSBORO BLVD S-202 DEERFIELD BEACH FL 33441 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
1st MOORE		CR2E037 (10/07)	
4. FEI Number <b>59-2562070</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL PROPERTY MANAGEMNET 1215 EAST HILLSBORO BLVD #202 DEERFIELD BEACH FL 33441		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTRONI, JOE	NAME	
STREET ADDRESS	4024 NW 5TH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VP / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAROFALO, RAY	NAME	DROSKY, TODD
STREET ADDRESS	3863 NW 7 PL	STREET ADDRESS	4183 N.W. 6th COURT
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, LESLEY	NAME	
STREET ADDRESS	3950 NW 7TH PL	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPP, ANNE	NAME	
STREET ADDRESS	563 NW 38TH AVE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 817, 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 information.

SIGNATURE: \_\_\_\_\_ DATE: **3/26/08**