FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # Na6712 STARLIGHT COVE AT WEST CHESER COUNTRY CLUB

FILED May 15 1997 8:00am Secretary of State

COMMINATOR COMP				
Principal Place of Business	Malling Address	•		
Tipour raise pour De	Campbbe 11 F	top manit		
718941 Fairway Pines Dr. Boynton Beach, Fl. 33431	4	3	4	
codular peach it sous	1		3. Date Incorporated or Qualified	3a. Date of Last Report
	\checkmark		6/1/88	1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 12241 Fairway Pines Dr	<u> </u>	SHORD KIND	65-0182373	Not Applicable
Suite, Apt. #. oto	Suite, Apt. #, etc.	JACONE NELL		CR 75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Boynton Boh, Fl.	28 DEER FIELD	BEACH H	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 1.5.A	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 33/37 25 USA	29 33441 30	BROWARD	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
COMPACIA PROPERTY MENT				
CAMPBELL PROPERTY M6-MT WILLIOTH B. COMPRES MC BLVD 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
1215 EHILLS BORD BLV	, i.e. Box Hombon to Hely Brights			
l aal				
DEERFIELD BEACH, F	1,2211	84 City		85 Zip Code
				FL T
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above handed comparation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the population's spard of directors. I hereby accept the appointment as registered				
office or registered agent, or both, in the State of Florida. Such change was authorized by the forgonation's spard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the forgonation's spard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the forgonation's spard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the forgonation's spard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the forgonation's spard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida.				
15:11:00 12 00 001			MD = -	ula4197
Strondard, hard for protect name of repracted age	I and little if applicable (NOTE: F	Registered Agent signature require	d when leinstating)	DATE
12. OFFICERS AND) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PRES	DCLETE	1 1 TITLE		☐ Change ☐ Addition
NAME HOWARD TATES		1.2 NAME		ļ
STREET ADDRESS 1229, Wedge Way		1.3 STREET ADDRESS		
city-si-710 Boynton Beach, F	L 33H37	1.4 CITY-ST-ZIP		
TITLE SEC	☐ DELETE	2.1 TITLE		Change Addition
NAME ROBERT KATZ		2 2 NAME		i
STREET ADDRESS 12400 Sand Wadge	Dr.	2.3 STREET ADDRESS		
CIT ST ZIP BOYMON BEACH F	1 33437	2.4 CITY+SY-ZIP		
THUE VIO	☐ DELETE	3.1 TITLE		Change Addition
MAM ROBBET MILLER		3.2 NAME		
STR-LEADINESS 12487 Pleasant Green Way		3.3 STREET ADDRESS		
CITY ST 21P Boynton Beach FL 33437		3.4. CITY-ST-ZIP		
		4.1 TITLE		Change Addition
HAME JULIAN BRAIMAN		4. 2 NAME		
STREET ALDRESS 12334 Wedge Way		4.3 STREET ADDRESS		
CITY-SI ZIP BOYNTON BEACH, FL	33437	4 4 CITY-ST-ZIP		
TITLE D	☐ DELETE	5.1 THLE		Change Addition
NAME KAY RANDALL		5.2 NAME		\sim . \sim
STHEET ADDRESS 12459 Pleasant, Gr	een Way	5.3 STREET ADDRESS		
OHY-SI-THE Bounton Beach 1	L 33437	5.4 CITY-ST-ZIP		-0 W
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	30000219	
STREET ADDRESS		6.3 STREET ADDRESS	-05/28/97010	01030
CITY+\$1+ZiP		6.4 CITY-ST-ZIP	***61.25	
14. I do hereby certify that the information supplier	d with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statute:	s. I further certify that the I effect as if made under oath: that
information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.				
SIGNATURE: Journal	Takes	things To	tes President 4/2	9/97 722-94128
SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OF	P DIRECTOR	Date	Daytime Phone #