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Apr 20 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10000000947

1. Corporation Name

LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC. PHA
SE IV AND V

Principal Place of Business

Mailing Address

615 WAVESIDE DRIVE
MELBOURNE FL 32934

615 WAVESIDE DRIVE
MELBOURNE FL 32934



3. Date Incorporated or Qualified

10/27/1986

4. FEI Number

36-2705514

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELLAPOSTA, FRANCES
615 WAVESIDE DRIVE
MELBOURNE FL 32934

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME WITHUS, FRED
STREET ADDRESS 530 WATERFRONT STREET
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE D
NAME ~~CRADTREE, JAMES~~
STREET ADDRESS ~~801 WAVESIDE DR~~
CITY-ST-ZIP ~~MELBOURNE FL~~

☒ DELETE

TITLE D
NAME BENFANTE, JOSEPH
STREET ADDRESS 639 WAVESIDE DR
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE S
NAME MAC WHA, LEONA
STREET ADDRESS 585 WAVESIDE DRIVE
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE D
NAME ~~DELLAPOSTA, FRANCES~~
STREET ADDRESS ~~615 WAVESIDE DRIVE~~
CITY-ST-ZIP ~~MELBOURNE FL~~

☒ DELETE

TITLE D
NAME WYSOCKI, ELEONORE
STREET ADDRESS 552 WATERFRONT ST
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

14. 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 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: *Joseph L. Benfante*

4-10-98

951-4140

CR2E037 (10/97)

DIRECTOR

HAROLD SAILER

453 WAVERSIDE DRIVE

MELBOURNE, FL 32934

DIRECTOR

MURIEL VAREUR

579 WATINSBROOK PLACE

MELBOURNE, FL 32934

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