

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90402 004 ****70.00

DOCUMENT # P10000000947

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2705514

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**DELLAPOSTA, FRANCES
 615 WAVESIDE DRIVE
 MELBOURNE FL 32934**

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.

SIGNATURE

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

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CDP
 VARIEUR, MURIEL
 579 WAINSBROOK PLACE
 MELBOURNE FL 32934** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**James Gibson
 625 Waveside Drive
 Melbourne, FL 32934** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BAFLE, ALMA
 520 WAVESIDE DRIVE
 MELBOURNE FL 32934** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HAROLD Sailer
 453 Waveside Drive
 Melbourne, FL 32934** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CRABTREE, JAMES
 601 WAVESIDE DRIVE
 MELBOURNE FL 32934** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LAHN, GEORGE
 493 WATER BROOK ST
 MELBOURNE FL 32934** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Frances DellaPosta* / *Frances DellaPosta* 4/10/02 321-728-5293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)