

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04409 (1)
1. Corporation Name
STARLIGHT COVE PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
3500 GATEWAY DR 3500 GATEWAY DR
S-202 S-202
POMPANO BCH FL 33069 POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/27/1984 3a. Date of Last Report 04/07/1994
4. FEI Number 59-2562070 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1215 E HILLS BORO BLVD 26 1215 E HILLS BORO BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 DEERFIELD BEACH FL 28 DEERFIELD BEACH FL
24 Zip 25 Country 29 Zip 30 Country
33441 BROWARD 33441 BROWARD

9. Name and Address of Current Registered Agent

FLUEHR, CHRISTOPHER J.
3500 GATEWAY DR
#202
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name CAMPBELL PROPERTY MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable) 1215 EAST HILLSBORO BLVD.
83
84 City DEERFIELD BEACH FL 85 Zip Code 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
(Signature, typed name of registered agent and title if applicable)

BILL CAMPBELL III, AGENT

DATE

2/21/95

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUTRONI, JOE
STREET ADDRESS	4024 NW 5TH DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	PASCAR, SHEILA
STREET ADDRESS	675 NW 38 TERR
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	PD
NAME	GAROFALO, RAY
STREET ADDRESS	3863 NW 7 PL
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	SD
NAME	BALKA, DEBRA
STREET ADDRESS	3986 NW 5 DR
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D
NAME	SIEVERS, LINDA
STREET ADDRESS	4038 NW 5 DR.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	P ANTHONY SOTALLARO
5.3 STREET ADDRESS	304 NW 37 WAY
5.4 CITY-ST-ZIP	DEERFIELD BEACH FL
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 appointed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #