

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 01, 1996 08:00 AM
Secretary of State

DOCUMENT # N04409 (1)

1. Corporation Name

STARLIGHT COVE PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

1215 E HILLSBORO BLVD
S-202
DEERFIELD BEACH FL 33441
US

1215 E HILLSBORO BLVD
S-202
DEERFIELD BEACH FL 33441
US

3. Date Incorporated or Qualified
07/27/1984

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2562070

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL PROPERTY MANAGEMNET
1215 EAST HILLSBORO BLVD
#202
DEERFIELD BEACH FL 33441

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CUTRONI, JOE
STREET ADDRESS 4024 NW 5TH DRIVE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VD ☐ DELETE

NAME PASCAR, SHEILA
STREET ADDRESS 675 NW 38 TERR
CITY-ST-ZIP DEERFIELD BCH FL

TITLE TD ☐ DELETE

NAME GAROFOLO, RAY
STREET ADDRESS 3863 NW 7 PL
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE SD ☒ DELETE

NAME BALK, DEBRA
STREET ADDRESS 3986 NW 5 DR
CITY-ST-ZIP DEERFIELD BCH FL

TITLE D ☐ DELETE

NAME SOTALLARO, ANTHONY
STREET ADDRESS 364 NW 37TH WAY
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

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

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
SHINE, RANDOLF
4150 N.W. 6th Ct.
DEERFIELD Bch., FL 33442

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 119.07(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 employed 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

JOSEPH L. CUTRONI 3/25/96 954-481-9763

CR2E037 (12/95)