

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04409

1. Entity Name

STARLIGHT COVE PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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

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

59-2562070

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

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

Name

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

City

FL

Zip Code

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  
VD  
CUTRONI, JOE  
4024 NW 5TH DRIVE  
DEERFIELD BEACH FL

☐ Delete

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

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

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SHINE, RANDOLF  
4150 NW 6TH COURT  
DEERFIELD BCH FL

☐ Delete

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

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

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LINI, BATTAG  
4191 NW 5TH DR  
DEERFIELD BCH FL 33442

☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
PRER  
ANTHONY SOTALLARO  
364 NW 37TH WAY  
DEERFIELD BEACH FL 33442

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 954 284818

Date

Daytime Phone #

CR2E037 (10/00)