

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90153 009 \*\*\*\*61.25

**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

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☐ Delete  
NAME HAYNES, LESLEY  
STREET ADDRESS 3950 NW 7TH PL  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☒ Delete  
NAME SCHECTER, MARC  
STREET ADDRESS 4131 NW 5TH DR.  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D ☐ Change ☒ Addition  
NAME HOPP, ANNE  
STREET ADDRESS 563 NW 38TH AVE.  
CITY-ST-ZIP DEERFIELD BEACH, FL

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]*

4/10/06

954-427-8770