

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 283878 (7)

1. Corporation Name

STARLIGHT APARTMENTS, INC.

Principal Place of Business

829 SW 5 AVE
GAINESVILLE FL 32601
US

Mailing Address

9215 S.W. 19TH AVENUE
GAINESVILLE FL 32607



3. Date Incorporated or Qualified

07/31/1964

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 2145 NW 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
Gainesville, Florida

23 Zip Country

28 Zip Country

24 32609

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

ARNOLD, SUSAN H.
9215 S.W. 19TH AVE.
GAINESVILLE FL 32607

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 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 typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STD
ARNOLD, SUSAN H.
9215 S.W. 19TH AVE.
GAINESVILLE FL

1.2 CITY - ST - ZIP

1.3 TITLE ☐ DELETE

NAME
PD
CURTIN, MARY GRACE
631 NW 57 ST
GAINESVILLE FL

1.4 CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

1.7 TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

1.8 TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

1.9 TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary/Director ☒ Change ☐ Addition

1.2 NAME
Arnold, Susan H.
1.3 STREET ADDRESS
9215 SW 19th Avenue
1.4 CITY - ST - ZIP
Gainesville, Florida

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Treasurer ☐ Change ☒ Addition

3.2 NAME
G. Ray Cauthen, Jr.
3.3 STREET ADDRESS
2145 NW 10th Street
3.4 CITY - ST - ZIP
Gainesville, Florida 32609

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

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan H. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 / 12 / 96
Date

Daytime Phone #

CR2E034 (12/95)