
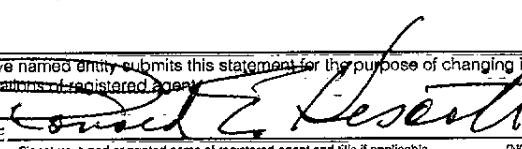
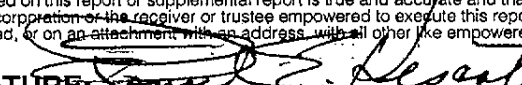


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 715777</b>		
1. Entity Name STARLITE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 555 N.W. 4TH AVE. BOCA RATON, FL 33432		Mailing Address 555 N.W. 4TH AVE. BOCA RATON, FL 33432
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HESCOTT, DONALD E 555 N.W. 4TH AVE. STE 525 BOCA RATON, FL 33432		<b>DO NOT WRITE IN THIS SPACE</b>
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  <u>Donald E. Hescott</u> <u>3/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAVALLIN, PAUL 555 N.W. 4TH AVE. #517 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOERTEN, JOHN 555 N.W. 4TH AVE. #208 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESCOTT, DONALD E 555 NW 4 AVE STE 525 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, JIM 555 NW 4TH AVE #311 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <u>Donald Hescott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/25/05</u> <u>561-395-9185</u> <small>Date Daytime Phone #</small>



03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1278776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000282778  
03/31/05-80056-010 61.25

**DO NOT WRITE  
IN THIS SPACE**