


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 715777 1. Entity Name STARLITE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 555 N.W. 4TH AVE. BOCA RATON, FL 33432	Mailing Address 555 N.W. 4TH AVE. BOCA RATON, FL 33432
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03272008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent HESCOTT, DONALD E 555 N.W. 4TH AVE. STE 525 BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000483469
04/11/06-80123-003 61.25**

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 561-395-9185
Date Daytime Phone #