FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739670 (8)

1. Corporation Name

LAMP POST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7515 RIDGEWOOD AVENUE CAPE CANAVERAL FL 32920	7515 RIDGEWOOD AVENUE CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: 07/14/1977
3a. Date of Last Report: 03/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1791243 ☐ Applied For ☒ Not Applicable

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

BARRY, ROBERT C.
62 WESTVIEW LANE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Robert C. Barry — 16 March 96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARRY, ROBERT		1.2 NAME		
STREET ADDRESS	62 WESTVIEW LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MAURER, KEN		2.2 NAME	Maurer, Ken	
STREET ADDRESS	1168 LAMEAA AVE.		2.3 STREET ADDRESS	100 BEECH Street	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	CYLEDO, FL	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MACALLISTER, W M		3.2 NAME		
STREET ADDRESS	7515 RIDGEWOOD AVE		3.3 STREET ADDRESS	5186 W Hall Rd	
CITY-ST-ZIP	CAPE CANAVERAL FL		3.4 CITY-ST-ZIP	Merritt Island	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BARRY, DEBORAH		4.2 NAME	Sands, Deborah	
STREET ADDRESS	360 SE ANDREWS DR		4.3 STREET ADDRESS	P.O Box 660046	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP	Rockledge, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Barry — 16 March 96 — 1-407-783-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #