

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739670

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** LAMP POST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7515 RIDGEWOOD AVENUE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

7515 RIDGEWOOD AVENUE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

1980 N ATLANTIC AVE #701  
COCOA BEACH, FL 32931

**FEI Number:** 59-1791243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, PETEY  
1980 N. ATLANTIC AVE # 701  
COCOA BEACH, FL 32931 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARTO, KEITH  
Address: 5014 NISBITS LANE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V ( ) Delete  
Name: BOYD, LAWRENCE  
Address: 3231 TOPAZ LANE  
City-St-Zip: FULLERTON, CA 92831

Title: ST ( ) Delete  
Name: LAMB, KIETH  
Address: 5014 NISBITS LANE  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BOYD, LAVERNE  
Address: 3231 TOPAZ LANE  
City-St-Zip: FULLERTON, CA 92831

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH BARTO

P

04/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date