

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94344

1. Entity Name

L.V. HOME OWNERS ASSOC. INC.

Principal Place of Business

274 LAMPLIGHTER DR  
MELBOURNE FL 32934

Mailing Address

274 LAMPLIGHTER DR  
MELBOURNE FL 32934-8012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2505033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNUDTSON, ED  
411 WYCLIFF CT  
MELBOURNE FL 32934

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*E. A. Knudtson, Jr.*

E. A. Knudtson, Jr.

3/20/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUESCHER, RALPH 145 WOODBRIDGE CT MELBOURNE FL 32934 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNUDTSON, ED 411 WYCLIFF STREET MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOHAN, DOROTHY 266 WESTVIEW COURT MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEDMAN, DON 195 WILINDA CT MELBOURNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAXWELL, DONNA 274 LAMPLIGHTER DR MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARLO, JEAN 358 LAMPLIGHTER DR MELBOURNE FL 32934 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Conrad Bisson 404 Windsor Ct. Melbourne, Fl. 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Hildreth, Treasurer 63 Westview Ct. Melbourne, Fl. 32934 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*E. A. Knudtson, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-259-9033

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90201 022 \*\*\*150.00

00046723



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

L.V. HOME OWNERS ASSOC INC

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C0042729  
H094344

L.V. Homeowners Assoc., Inc.  
Lampighter Village  
274 Lampighter Dr.  
Melbourne, Fl. 32934

CONTINUATION: ANNUAL REPORT 2000 #94344  
FEI #59-2505033

ITEM #12

TITLE:	NAME	STREET ADDRESS	CITY
D	Paulette Lemay	110 Lampighter Dr.	Melbourne
D	John Mercer	376 Lampighter Dr.	Melbourne
D	Larry Moran	357 Lampighter Dr.	Melbourne
D	Emile Pierel	377 Lampighter Dr.	Melbourne
D/C	Claudette Solano	15 Westfield Ct.	Melbourn