

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**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

4. FEI Number

59-2505033

Applied For

Not Applicable

Zip

Country

Zip

Country

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

E. A. Knudtson, Jr.

3/20/00

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

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

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 3/20/00

Daytime Phone #

321-259-9033

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

00046723

L.V. HOME OWNERS ASSOC INC

Attch.  
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