
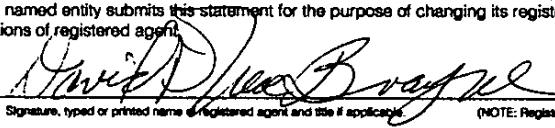



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90059 018 ****61.25

DOCUMENT # N06218 1. Entity Name LAMPLIGHTER MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 3202 S. NOVA RD. PORT ORANGE, FL 32129			Mailing Address 3202 S. NOVA RD. PORT ORANGE, FL 32129		
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 59-2728599	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACBRAYNE, DAVE 201 SKIPPER DR PORT ORANGE, FL 32129				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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		 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4-11-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACBRAYNE, DAVE		NAME		
STREET ADDRESS	201 SKIPPER DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBARTUCCI, PETER		NAME		
STREET ADDRESS	229 CHRIS DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DON		NAME		
STREET ADDRESS	190 WALTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRNELLI, SHARON		NAME	DIRECTOR at large	
STREET ADDRESS	119 W PIEDMONT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	32129	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONLON, ROBERT		NAME	SECRETARY	
STREET ADDRESS	204 SKIPPER DR.		STREET ADDRESS	ANNIE CROSBY	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	219 Skipper Dr	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TICHENOR, JEFFREY		NAME	Treasurer	
STREET ADDRESS	117 WEST PIEDMONT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
12. 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 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		DATE 4-11-05 Daytime Phone #	