

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90109 041 ****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



04152006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2728599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACBRAYNE, DAVE
201 SKIPPER DR
PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent

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. 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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MACBRAYNE, DAVE	201 SKIPPER DR	PORT ORANGE, FL 32129	<input type="checkbox"/>
AT	ROBARTUCCI, PETER	229 CHRIS DR.	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>
VP	MILLER, DON	190 WALTON BLVD.	PORT ORANGE, FL 32129	<input type="checkbox"/>
D	FRNELLI, SHARON	119 W PIEDMONT AVE.	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>
S	CROSBY, ANNIE	219 SKIPPER DR	PORT ORANGE, FL 32129	<input type="checkbox"/>
T	TICHENOR, JEFFREY	117 WEST PIEDMONT AVENUE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Nicholas, Barbara	5 Northwood Dr.	Port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hibbard, Dick	164 TYLER DR.	Port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Parker, Ed.	237 S. Piedmont Ave	Port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Kretman, Winthrop	154 E. Piedmont Ave	Port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Schreckengost, Rene	50 Jan Lane	Port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Scordo, Laura	159 E. Piedmont Ave	port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Laura Scordo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 386-760-7063
Date Daytime Phone #