2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90039 031 ****61.25

DOCUMENT # N06218

1. Entity Name

LAMPLIGHTER MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3202 S. NOVA RD. PORT ORANGE FL 32129	~~201 SKIPPER DR~~ ~~PORT ORANGE FL 32129~~ 236 CHRIS DR PORT ORANGE FL 32129

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
~~MACBRAYNE, DAVE~~ ~~201 SKIPPER DR~~ ~~PORT ORANGE FL 32129~~ WM. RAY BEAULIER 236 CHRIS DR. PORT ORANGE FL 32129	Name: WM RAY BEAULIER Street Address (P.O. Box Number is Not Acceptable): 236 CHRIS DR. City: PORT ORANGE FL Zip Code: 32129

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: William Ray Beaulier
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACBRAYNE, DAVE 201 SKIPPER DR PORT ORANGE FL 32129	☐ Delete	P WM. RAY BEAULIER 236 CHRIS DR. PORT ORANGE FL 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIBBARD, DICK 164 TYLER DR PORT ORANGE FL 32129	☒ Delete	VP PETER ROBERTUCCI 229 CHRIS DR. PORT ORANGE FL 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DON 190 WALTON BLVD. PORT ORANGE FL 32129	☒ Delete	SEC. ANDREA CROSBY 219 SKIPPER DR PORT ORANGE FL 32129	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLAS, BARB 5 NORTHWOOD DR PORT ORANGE FL 32129	☒ Delete	TREA. RENE SCHRECKENGOST 50 JANE LANE PORT ORANGE FL 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, ED 237 S PIEDMONT PORT ORANGE FL 32129	☐ Delete	D BETTY GIROUX 253 KEITH LANE PORT ORANGE FL 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCARDO, LAURA 159 E PIEDMONT AVE PORT ORANGE FL 32129	☒ Delete	D JEANNETTE ARTYMOVITCH 38 WOODVILLE LANE PORT ORANGE FL 32129	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Andrea Crosby ANDREA CROSBY 3/10/08 386-767-9532