

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06218

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** LAMPLIGHTER MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3202 S. NOVA RD.  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

236 CHRIS DR  
PORT ORANGE, FL 32129

**New Mailing Address:**

38 WOODVILLE LANE  
PORT ORANGE, FL 32129

**FEI Number:** 59-2728599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEAULIER, WILLIAM RAY  
236 CHRIS DR  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

BEAULIER, WILLIAM R  
236 CHRIS DR  
PORT ORANGE, FL 32129 US

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: WILLIAM RAY BEAULIER

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEAULIER, WILLIAM RAY  
Address: 236 CHRIS DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: HIBBARD, DICK  
Address: 164 TYLER DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: S ( ) Delete  
Name: CROSBY, ANDREA  
Address: 219 SKIPPER DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: T ( ) Delete  
Name: SCHREOKEN, RENE  
Address: 50 JANE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: PARKER, ED  
Address: 237 S PIEDMONT  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: ARTYMOVITCH, JEANNETTE  
Address: 38 WOODVILLE LANE  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BEAULIER, WILLIAM R  
Address: 236 CHRIS DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP (X) Change ( ) Addition  
Name: ROBERTUCCI, PETER  
Address: 229 CHRIS DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: T (X) Change ( ) Addition  
Name: SCHRECKENGOST, RENE  
Address: 50 JAN LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: S (X) Change ( ) Addition  
Name: ARTYMOVITCH, JEANNETTE  
Address: 38 WOODVILLE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change ( ) Addition  
Name: PARKER, EDWARD  
Address: 237 W. PIEDMONT  
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change ( ) Addition  
Name: HIBBARD, RICHARD  
Address: 164 TYLER DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNETTE ARTYMOVITCH

S

03/24/2009

Electronic Signature of Signing Officer or Director

Date