2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# N06218

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:

74 EAST PIEDMONT AVE.
PORT ORANGE, FL 32129

New Mailing Address:

27 LESLIE 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 R
236 CHRIS DR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: ROBERTUCCI, PETER
Address: 229 CHRIS DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: T
Name: PARSONS, WILFRED
Address: 189 WALTON DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: S
Name: SAWYER, LINDA
Address: 27 LESLIE LANE
City-St-Zip: PORT ORANGE, FL 32129

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

Title: D
Name: GIROUX, BETTY M
Address: 253 KEITH LANE
City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. BEAULIER PRES 03/15/2011

Electronic Signature of Signing Officer or Director — Date