2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06218

FILED
Apr 06, 2012
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:

27 LESLIE LANE
PORT ORANGE, FL 32129

New Mailing Address:

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:

PARSONS, WILFRED F
189 WALTON BLVD
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: WILFRED F PARSONS   04/06/2012

Electronic Signature of Registered Agent   _Date_

OFFICERS AND DIRECTORS:

Title: P
Name: PARSONS, WILFRED F
Address: 189 WALTON BLVD
City-St-Zip: PORT ORANGE, FL 32129

Title: VP
Name: TICHENOR, JEFFREY
Address: 117 E PIEDMONT AVE
City-St-Zip: PORT ORANGE, FL 32129

Title: T
Name: JACAVANCO, DANIEL
Address: 202 SKIPPER DR
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: WILFRED F PARSONS   P   04/06/2012

Electronic Signature of Signing Officer or Director   _Date_