

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001196

FILED
Apr 15, 2012
Secretary of State

Entity Name: LAMPLIGHTER VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 WAVESIDE DRIVE
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

645 WAVESIDE DRIVE
MELBOURNE, FL 32934

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE J ESA
529 VERSAILLES DRIVE
SUITE 103
MAITLAND, FL 32751 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: D
Name: COHN, HARRY
Address: 608 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: HELMS, DOUG
Address: 602 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: RAYMONDO, ANTHONY
Address: 599 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: NEAL, TAMARA
Address: 645 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: ROUSSEL, MIKE
Address: 475 WINDGATE STREET
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: NIXON, BETH
Address: 474 WINDGATE DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: TAMARA D. NEAL

D

04/15/2012

Electronic Signature of Signing Officer or Director

Date