


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41029 (2)**  
1. Corporation Name  
**STARLIGHT PROMENADERS, INC.**



Principal Place of Business <b>P.O. BOX 34 DEBARY FL 32713</b>	Mailing Address <b>P.O. BOX 34 DEBARY FL 32713</b>
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3. Date Incorporated or Qualified <b>11/27/1990</b>	
4. FEI Number <b>59-2998342</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PARRATT, JUANITA N.  
29 AZALEA DR  
DEBARY FL 32713**

10. Name and Address of New Registered Agent  
81 Name **Phyllis A. LUNGREN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**730 EASTRIDGE DR.**  
83 **ORANGE CITY**  
84 City  
85 Zip Code **FL 32763**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *Phyllis A. Lungren Treasurer* DATE **1/14/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THORNBURG, HERMAN</b> <input checked="" type="checkbox"/> DELETE <b>23931 BOBCAT RD</b> <b>ASTOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MEYERS, NAVY</b> <input checked="" type="checkbox"/> DELETE <b>750 BUNDARY</b> <b>DELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MILHA, AUDREY</b> <input checked="" type="checkbox"/> DELETE <b>989 RADFORD DR</b> <b>DELTONA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PARRATT, JUANITA N.</b> <input checked="" type="checkbox"/> DELETE <b>29 AZALEA DR</b> <b>DEBARY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LELAND, PEARL</b> <input type="checkbox"/> DELETE <b>268 SILVERSTONE DR</b> <b>ORANGE CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SORTORE, PHILIP</b> <input checked="" type="checkbox"/> DELETE <b>41 JASMINE</b> <b>DE BARY FL 32713</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>R</b> <b>RANDY POOLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1541 LAKESIDE DR.</b> <b>DELAND, FL 32720</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V</b> <b>GALE BOAK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>55 MADERA RD.</b> <b>DEBARY, FL 32713</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S</b> <b>ORLIER GAY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>917 N. DEAN CIRCLE</b> <b>DELTONA, FL. 32738</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T</b> <b>Phyllis A. LUNGREN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>730 EASTRIDGE DR.</b> <b>ORANGE CITY, FL 32763</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>LELAND PEARL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>268 SILVERSTONE DR.</b> <b>ORANGE CITY, FL 32763</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D</b> <b>MICKEY QUINN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>125 BREEZEWOOD DR.</b> <b>DEBARY, FL. 32713</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis A. Lungren* 1-14-98 904-775-3777

CP2E037 (10/97)