

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41029

FILED
Jul 14, 2005
Secretary of State

Entity Name: STARLIGHT PROMENADERS, INC.

Current Principal Place of Business:

P.O. BOX 34
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-2998342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'CONNOR, TOM
775 MALLARD DR.
SANFORD, FL 32771 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: PD () Delete
Name: BELEW, CLAUDE A
Address: 2834 RED BUD CT.
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: LYSOBEY, RICHARD
Address: 1013 BELVEDERE DR.
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: SANTORO, JO
Address: 160 LIVE OAKWOOD CT.
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: O'CONNOR, TOM
Address: 775 MALLARD DR.
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: POOLE, RANDALL
Address: 1541 LAKESIDE DR
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEARL, LELAND
Address: 268 SILVERSTONE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: SD (X) Change () Addition
Name: LYSOBEY, JEANNIE
Address: 1013 BELVEDERE DR.
City-St-Zip: DELTONA, FL 32725

Title: VD (X) Change () Addition
Name: SANTORO, JO
Address: 160 LIVE OAKWOOD CT.
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DUNAGAN, JERRY
Address: 2470 REED ELLIS RD
City-St-Zip: OSTEEN, FL 32764

Title: T () Change (X) Addition
Name: MORIN, ROLAND
Address: 420 MAIN ST
City-St-Zip: ENTERPRISE, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM O'CONNOR

TD

07/14/2005

Electronic Signature of Signing Officer or Director

_____ Date