

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

**FILED**

**Feb 03 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
---	---	---

**DOCUMENT # N96000003026 (9)**

1. Corporation Name

**STARLIGHT RANCH MOBILE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 2831 HOLSTER WAY ORLANDO FL 32822 US	Mailing Address 2831 HOLSTER WAY ORLANDO FL 32822 US
---	---

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number 59-3374794	Applied For Not Applicable
-----------------------------	-------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
--	---	---------------	---------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, GEORGE  
2861 HOLSTER WAY  
ORLANDO FL 32822

81 Name <b>DEANNA GIESSUEBEL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2831 HOLSTER WAY</b>
83
84 City <b>ORLANDO</b>
FL
85 Zip Code <b>32822</b>

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 **DEANNA GIESSUEBEL**

Signature, typed or printed name of registered agent and title if applicable.

*Deanna Giessuebel* 1/7/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIESSUEBEL, KEN	
STREET ADDRESS	2831 HOLSTER WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELFARE, BOB	
STREET ADDRESS	2824 HITCHING POST LN	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSKLAUS, FLOYD	
STREET ADDRESS	2841 HOLSTER WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ESTHER	
STREET ADDRESS	6409 HORSE SHOE BEND	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, GEORGE	
STREET ADDRESS	2861 HOLSTER WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORMSBY, ROBERT J	
STREET ADDRESS	6824 HORSE SHOE BEND	
CITY-ST-ZIP	ORLANDO FL 32822	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEANNA GIESSUEBEL	
1.3 STREET ADDRESS	2831 HOLSTER WAY	
1.4 CITY-ST-ZIP	ORLANDO, FL 32822	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEAN HARPER	
2.3 STREET ADDRESS	3001 HORSE SHOE COURT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32822	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARION KENNEDY	
3.3 STREET ADDRESS	2843 HOLSTER WAY	
3.4 CITY-ST-ZIP	ORLANDO, FL 32822	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Deanna Giessuebel* DEANNA GIESSUEBEL 1-7-98 407-658-6468

CR2E037 (10/97)