

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90014 045 ****61.25

DOCUMENT # N96000003026

1. Entity Name

STARLIGHT RANCH MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6519 HORSESHOE BEND
 ORLANDO FL 32822
 US**

**6519 HORSESHOE BEND
 ORLANDO FL 32822
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3374794

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURTSCHKE, MIRIAM
 6519 HORSESHOE BEND
 ORLANDO FL 32822**

Name

AUDREY S. DAVIS

Street Address (P.O. Box Number is Not Acceptable)

2907 STALLION DR

City

ORLANDO,

FL

Zip Code

32822

8. 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

Audrey S. Davis **AUDREY S. DAVIS TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

1/11/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **KENNEDY, MARIAN**
 STREET ADDRESS **2843 HOLSTER WAY**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BURTSCHKE, MIRIAM**
 STREET ADDRESS **6519 HORSESHOE BEND**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **COPELAND, CAROLYN**
 STREET ADDRESS **2828 WILD HORSE ROAD**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **T** Change Addition
 NAME **DAVIS, AUDREY S.**
 STREET ADDRESS **2907 STALLION DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **D** Delete
 NAME **KIGER, NANCY**
 STREET ADDRESS **2867 BUCKSKIN ROAD**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DANIELEOUSKI, ROBT**
 STREET ADDRESS **6400 HORSESHOE BEND**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** Change Addition
 NAME **FRANCES, DENAUKT**
 STREET ADDRESS **6601 HORSESHOE BEND**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **P** Delete
 NAME **UTTER, MARIE**
 STREET ADDRESS **6440 GOLDEN NUGGET RD**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audrey S. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDREY S. DAVIS **1/11/02** **407-275-1904**
 Date Daytime Phone #

CR2E037 (9/01)