


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 044 ****61.25

DOCUMENT # N96000003026

1. Entity Name
STARLIGHT RANCH MOBILE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
2926 WILDHORSE RD 2925
ORLANDO, FL 32822 US

Mailing Address
2925 2926 WILDHORSE RD
ORLANDO, FL 32822 US

54035157



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2925 WILDHORSE RD
 Suite, Apt. #, etc.

City & State
 Zip Country

04102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3374794

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

6. Name and Address of Current Registered Agent
DAVIS, AUDREY S
2907 STALLION DRIVE
ORLANDO, FL 32822

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Audrey S. Davis* DATE **4/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, MARIAN 2843 HOLSTER WAY ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE RAVETTO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2819 SILVER SPUR LANE ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURTSCHKE, MIRIAM 6519 HORSESHOE BEND ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAL EDWARDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2904 STALLION DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, AUDREY S 2907 STALLION DRIVE ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE HELLING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2828 WILDHORSE RD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLER, LORRAINE 2814 APPALOOSA ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENAULT, FRANCES 6601 HORSESHOE BEND ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UTTER, MARIE 6440 GOLDEN NUGGET RD ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: **4/12/04** DAYTIME PHONE: **407-275-1904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #