


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90018 019 \*\*\*\*61.25

<b>DOCUMENT # N96000003026</b>					
1. Entity Name STARLIGHT RANCH MOBILE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2925 WILDHORSE RD ORLANDO, FL 32822 US			Mailing Address 2925 WILDHORSE RD 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, AUDREY S 2907 STALLION DRIVE ORLANDO, FL 32822				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 <u>AUDREY S. DAVIS, TREASURER</u> <i>Audrey S. Davis</i> <u>1/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, MARIAN			NAME	JOSEPH HELLING
STREET ADDRESS	2843 HOLSTER WAY			STREET ADDRESS	2828 WILDHORSE ROAD
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	S	<input type="checkbox"/> Delete		TITLE	HAL EDWARDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTSCHKE, MIRIAM			NAME	HAL EDWARDS
STREET ADDRESS	6519 HORSESHOE BEND			STREET ADDRESS	2904 STALLION DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	T	<input type="checkbox"/> Delete		TITLE	KATHERINE POWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, AUDREY S			NAME	KATHERINE POWELL
STREET ADDRESS	2907 STALLION DRIVE			STREET ADDRESS	2826 HOLSTER WAY
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	PAT BRATTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVETTO, ROSE			NAME	PAT BRATTON
STREET ADDRESS	2819 SILVER SPUR LANE			STREET ADDRESS	6449 GOLDEN NUGGET DR
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	ORLANDO, FLA
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	DENAULT, FRANCES			NAME	
STREET ADDRESS	6601 HORSESHOE BEND			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	
NAME	UTTER, MARIE			NAME	
STREET ADDRESS	6440 GOLDEN NUGGET RD			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822			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: <u>Audrey S. Davis</u> <i>Audrey S. Davis</i>				Date: <u>1/5/05</u> 407-275-1904	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	