

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90034 044 ****61.25

DOCUMENT # N96000003026

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



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3374794

Applied For

No: Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

1/25/08

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

(NOTE: Registered Agent signature must be used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	KENNEDY, MARIAN	
STREET ADDRESS	2843 HOLSTER WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURTSCHKE, MIRIAM	
STREET ADDRESS	6519 HORSESHOE BEND	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, AUDREY S	
STREET ADDRESS	2907 STALLION DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLING, JOSEPH	
STREET ADDRESS	2828 WILDHORSE ROAD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRATTON, PATRICIA	
STREET ADDRESS	6449 GOLDEN NUGGET DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BATES, BROOX	
STREET ADDRESS	2810 HITCHING POST LANE	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVETTO, ROSE	
STREET ADDRESS	2819 SILVER SPUR LANE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, KAY	
STREET ADDRESS	2826 HOLSTER WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBBS, KENNETH	
STREET ADDRESS	2920 WILDHORSE RD	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, RICHARD	
STREET ADDRESS	2813 HOLSTER WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - AUDREY S. DAVIS

1/25/08 407-275-1904