

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003026

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

2925 WILDHORSE RD
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

2925 WILDHORSE RD
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 59-3374794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, AUDREY S
2907 STALLION DRIVE
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KENNEDY, MARIAN
Address: 2843 HOLSTER WAY
City-St-Zip: ORLANDO, FL 32822

Title: P () Delete
Name: BURTSCHKE, MIRIAM
Address: 6519 HORSESHOE BEND
City-St-Zip: ORLANDO, FL 32822

Title: T () Delete
Name: DAVIS, AUDREY S
Address: 2907 STALLION DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: HELLING, JOSEPH
Address: 2828 WILDHORSE ROAD
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: BRATTON, PATRICIA
Address: 6449 GOLDEN NUGGET DR
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: RAVETTO, ROSE
Address: 2819 SILVER SPUR LN
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DOBBS, KEN
Address: 2920 WILDHORSE ROAD
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STEARNS, JOAN
Address: 2896 STALLION DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM BURTSCHKE

P

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date