FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
[illegible] PM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P10000000947 **(2)**

1. Corporation Name

LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC. PHA SE IV AND V

Principal Place of Business	Mailing Address
615 WAVESIDE DRIVE MELBOURNE FL 32934	615 WAVESIDE DRIVE MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-2705514 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DELLAPOSTA, FRANCES
615 WAVESIDE DRIVE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	WITHUS, FRED	1.2 NAME		
STREET ADDRESS	530 WATERFRONT STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CHALMERS, WILLIAM	2.2 NAME		
STREET ADDRESS	586 WAVESIDE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE	P	☐ Change ☐ Addition
NAME	HOLLAND, EDWARD	3.2 NAME		
STREET ADDRESS	572 WAINSBROOK CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	MAC WHA, LEONA	4.2 NAME		
STREET ADDRESS	585 WAVESIDE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	D	☐ Change ☐ Addition
NAME	DELLAPOSTA, FRANCES	5.2 NAME		
STREET ADDRESS	615 WAVESIDE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE	~~P~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MAC WHA, WILLIAM~~	6.2 NAME	MARGARET CONAWAY	
STREET ADDRESS	~~585 WAVESIDE DRIVE~~	6.3 STREET ADDRESS	629 WAVESIDE DRIVE	
CITY-ST-ZIP	~~MELBOURNE FL~~	6.4 CITY-ST-ZIP	MELBOURNE, FL 32934-8057	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances Della Posta - FRANCES DELLA POSTA - 4/4/95 - 407-726-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035808