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Secretary of State

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CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000000947

1. Corporation Name

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

Principal Place of Business

615 WAVESIDE DRIVE
MELBOURNE FL 32934

Mailing Address

615 WAVESIDE DRIVE
MELBOURNE FL 32934



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/27/1986

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELLAPOSTA, FRANCES
615 WAVESIDE DRIVE
MELBOURNE FL 32934

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME WITHUS, FRED
STREET ADDRESS 530 WATERFRONT STREET
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE CDP ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HYATT, GERSON
STREET ADDRESS 520 WAVECREST CT
CITY-ST-ZIP MELBOURNE FL 32934

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME BENFANTE, JOSEPH
STREET ADDRESS 639 WAVESIDE DR
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MAC WHA, LEONA
STREET ADDRESS 585 WAVESIDE DRIVE
CITY-ST-ZIP MELBOURNE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAHN, GEORGE
STREET ADDRESS 493 WATER BROOK ST
CITY-ST-ZIP MELBOURNE FL 32934

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WYSOCKI, ELEONORE
STREET ADDRESS 552 WATERFRONT ST
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Frances DellaPosta* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 29, 1999 407-728-579

Date

Daytime Phone #

CR2E037 (11/98)

N17524

389833-90159-8

DIRECTOR
HAROLD SAILER
453 WAVESIDE DRIVE
MELBOURNE, FL 32934-8051

DIRECTOR
MURIEL VARIEUR
579 WAINSBROOK PLACE
MELBOURNE, FL 32934-8051

TREASUER
FRANCES DELLA POSTA
615 WAVESIDE DRIVE
MELBOURNE, FL 32934-8051