

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90107 029 ****70.00

DOCUMENT # P10000000947

1. Entity Name

LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC. PHA

Principal Place of Business

**615 WAVESIDE DRIVE
 MELBOURNE FL 32934**

Mailing Address

**615 WAVESIDE DRIVE
 MELBOURNE FL 32934-8051**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2705514

Applied For

Not Applicable

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

**DELLAPOSTA, FRANCES
 615 WAVESIDE DRIVE
 MELBOURNE FL 32934**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CDP**
 NAME **WITHUS, FRED**
 STREET ADDRESS **530 WATERFRONT STREET**
 CITY-ST-ZIP **MELBOURNE FL**

☒ Delete

TITLE **CDP**
 NAME **MURIEL VARIEUR**
 STREET ADDRESS **579 WAINSBROOK PLACE**
 CITY-ST-ZIP **MELBOURNE, FL 32934**

☒ Change

☐ Addition

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

☐ Delete

TITLE **D**
 NAME **JAMES CRABTREE**
 STREET ADDRESS **601 WAVESIDE DRIVE**
 CITY-ST-ZIP **MELBOURNE, FL 32934**

☐ Change

☐ Addition

TITLE **D**
 NAME **BENFANTE, JOSEPH**
 STREET ADDRESS **630 WAVESIDE DR**
 CITY-ST-ZIP **MELBOURNE FL**

☒ Delete

TITLE **D**
 NAME **JAMES CRABTREE**
 STREET ADDRESS **601 WAVESIDE DRIVE**
 CITY-ST-ZIP **MELBOURNE, FL 32934**

☒ Change

☐ Addition

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

☐ Delete

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

☐ Change

☐ Addition

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

☐ Delete

TITLE **VP**
 NAME **VP**
 STREET ADDRESS **VP**
 CITY-ST-ZIP **VP**

☐ Change

☒ Addition

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: Frances Della Posta **FRANCES DELLA POSTA-3/14/00 (321) 728-5793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)