

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HYATT, GERSON
320 WAVECREST CT
MELBOURNE FL 32934 ☒ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALMA BAFILE
529 WAVESIDE DRIVE
MELBOURNE, FL 32934 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 DATE: 3/9/01 321-728-5793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90090 029 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)