2006 PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State
01-09-2006 90030 035 ****70.00

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1. Entity Name
LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC.
PHASE IV AND V

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

01052008 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
601 Waveside DR	601 Waveside DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32934 Country: USA	Zip: 32934 Country: USA

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: James Crabtree Street Address (P.O. Box Number is Not Acceptable): 601 Waveside DR City: Melbourne FL Zip Code: 32934

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James Crabtree JAMES Crabtree 5 JAN 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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 SAILER, HAROLD 453 Waveside DR Melbourne FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, JAMES 625 WAVESIDE DRIVE MELBOURNE, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAYMONDO, ANTHONY 594 Waveside DR Melbourne FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRABTREE, JAMES 601 WAVESIDE DRIVE MELBOURNE, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Crabtree, James 601 Waveside DR Melbourne FL 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAC WHA, LEONA 585 WAVESIDE DRIVE MELBOURNE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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	DS Lahn, George 583 Waveside DR Melbourne FL 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYSOCKI, ELEONORE 552 WATERFRONT ST MELBOURNE, FL	☐ Delete	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 exemptions contained 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 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: Muriel F. Varieur Pres. MURIEL F. VARIEUR 1/5/06 (321) 725-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #