

2007

PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P10000000947

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



Principal Place of Business

601 WAVESIDE DRIVE
MELBOURNE, FL 32934 US

Mailing Address

601 WAVESIDE DRIVE
MELBOURNE, FL 32934 US



01042007 No Chg-NP

CR2E037 (4/06)

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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

CRABTREE, JAMES
601 WAVESIDE DRIVE
MELBOURNE, FL 32934

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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

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

(NOTE: Registered Agent signature required when reinitializing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIBSON, JAMES
625 WAVESIDE DRIVE
MELBOURNE, FL 32934

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAILER, HAROLD
453 WAVESIDE DRIVE
MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LAHN, GEORGE
583 WAVESIDE DRIVE
MELBOURNE, FL 32934

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

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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: James D. Crabtree *James D. Crabtree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-725-4816

Daytime Phone #