



2008

PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90020 032 ****70.00

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|--|----------------------|---|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 36-2705514 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CRABTREE, JAMES 601 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | CDP | <input type="checkbox"/> Delete | TITLE | OS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VARIEUR, MURIEL | | NAME | NEWSOM, CAROL | |
| STREET ADDRESS | 579 WAINSBROOK PLACE | | STREET ADDRESS | 552 WATERFRONT ST | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | CITY-ST-ZIP | MELBOURNE, FL 32934 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GIBSON, JAMES | | NAME | FORD, TIMMY | |
| STREET ADDRESS | 625 WAVESIDE DRIVE | | STREET ADDRESS | 480 WINDSHORE CT | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | CITY-ST-ZIP | MELBOURNE, FL 32934 | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRABTREE, JAMES | | NAME | CASCIA, JOSEPH | |
| STREET ADDRESS | 601 WAVESIDE DRIVE | | STREET ADDRESS | 536 WATERFRONT ST | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | CITY-ST-ZIP | MELBOURNE, FL 32934 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAILER, HAROLD | | NAME | | |
| STREET ADDRESS | 463 WAVESIDE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAHN, GEORGE | | NAME | LAHN, GEORGE | |
| STREET ADDRESS | 583 WAVESIDE DRIVE | | STREET ADDRESS | 583 WAVESIDE DR | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | CITY-ST-ZIP | MELBOURNE, FL 32934 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WYSOCKI, ELEONORE | | NAME | | |
| STREET ADDRESS | 552 WATERFRONT ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL | | CITY-ST-ZIP | | |
| 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:  | | | 2-14-08 321-725-4816 Date Daytime Phone # | | |