

2009 PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000000947

FILED
Feb 10, 2009
Secretary of State**Entity Name:** LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC. PHASE IV AND V**Current Principal Place of Business:**601 WAVESIDE DRIVE
MELBOURNE, FL 32934 US**New Principal Place of Business:****Current Mailing Address:**601 WAVESIDE DRIVE
MELBOURNE, FL 32934 US**New Mailing Address:****FEI Number:** 36-2705514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CRABTREE, JAMES
601 WAVESIDE DRIVE
MELBOURNE, FL 32934 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CDP () Delete
Name: VARIEUR, MURIEL
Address: 579 WAINSBROOK PLACE
City-St-Zip: MELBOURNE, FL 32934**Title:** D () Delete
Name: FORD, JIMMY
Address: 486 WINDSHORE CT
City-St-Zip: MELBOURNE, FL 32934**Title:** DT () Delete
Name: CRABTREE, JAMES
Address: 601 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934**Title:** D () Delete
Name: SAILER, HAROLD
Address: 453 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934**Title:** DVP () Delete
Name: LAHN, GEORGE
Address: 583 WAVESIDE DR
City-St-Zip: MELBOURNE, FL 32934**Title:** DS () Delete
Name: NEWSTROM, CAROL
Address: 552 WATERFRONT ST
City-St-Zip: MELBOURNE, FL 32934**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: CASIO, JOE
Address: 536 WATERFRONT ST
City-St-Zip: MELBOURNE, FL 32934**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D CRABTREE

DT

02/10/2009

Electronic Signature of Signing Officer or Director

Date