

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # 700166219417**
LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC. PHA
SE IV AND V
615 WAVESIDE DR
MELBOURNE FL 32934-8051

3. Date Recd: **10/27/1986** to of Last Report: **05/01/1992**
4. FFI Number: **362705514** Applied For: ☒ Not Applied For: ☐
5. Certificate of Status: **3875** ☒ **RECEIVED**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Status: ☐ **\$138.75 Supplemental Fee Not Required**
8. This Corporation has liability for interjurisdictional tax under S. 193.042, Florida Statutes: ☒ Yes ☐ No

2. Mailing Address: **2a. The principal place of business**
21 **26**
22 **27**
23 **28**
24 **29** **30**

DELLAPOSTA, FRANCES
615 WAVESIDE DRIVE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code **86** Country

11. I, the undersigned, the principal officer or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors. These changes of the appointment as reported up to Form Number 200, and accept them in accordance with Section 607.05(6), Florida Statutes.

12. OFFICERS AND DIRECTORS
C/D
WITUS, FRED
530 WATERFRONT STREET
MELBOURNE FL
P/D
HOMA, PETER
569 WATERBROOK PLACE
MELBOURNE FL
D
DAVIS, ROBERT
614 WAVESIDE DRIVE
MELBOURNE FL
S
MAC WIA, LEONA
585 WAVESIDE DRIVE
MELBOURNE FL
T
DELLAPOSTA, FRANCES
615 WAVESIDE DRIVE
MELBOURNE FL
D
MAC WIA, WILLIAM
585 WAVESIDE DRIVE
MELBOURNE FL
13. OFFICERS AND DIRECTORS OF WITNESS
D
BENSON, CORNELIUS
619 WAVESIDE DRIVE
MELBOURNE, FL 32934
D
CARROLL, ROBERT
492 WATERBROOK STREET
MELBOURNE, FL 32934

14. I, the undersigned, certify that the information furnished in this annual report is true and accurate and that my signature shall cover the same until the time it is filed to make a change of the information in the public records of the Department of State. I hereby certify that the information furnished in this annual report is true and accurate and that my signature shall cover the same until the time it is filed to make a change of the information in the public records of the Department of State.
SIGNATURE **JIM CRABTREE** **PRESIDENT** **DATE** **16 APR 1993**
Print Name of Officer or Director **Jim Crabtree** **Signature** **JIM CRABTREE** **Daytime Telephone Number** **(407) 725-4816**

P
JIM CRANTREE
601 WAVESIDE DRIVE
MELBOURNE, FL 32934

D
CLEM SILVA
599 WAVESIDE DRIVE
MELBOURNE, FL 32934