2003 **PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P1000000947

LAMPLIGHTER VILLAGE HOME OWNERS ASSOC., INC. PHA



FILED Feb 17, 2003 8:00 am § Secretary of State

02-17-2003 90239 029 ****70.00

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615 WAVESIDE DRIVE 619		Mailing Address 615 WAVESIDE DRIVE MELBOURNE FL 32934							
2. Principal	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State	 .	 _	4. FEI Number 36	6-2705514			pplied For
Zip	Country	Zip	Country	·	5. Certificate of Sta	···········	Det	\$8.75 Ac	lot Applicabl
	6. Name and Address of Curre	nt Registered Agent					_	Fee Requir	ed
		nt rogiotorea Agent	Name		7. Name and Add	ress of New He	gistered A	Agent	
DELLAPO	OSTA, FRANCES		Stroot	Address (O. Box Number is N	15150			
	/ESIDE DRIVE		Sileet	Address (i	O. Box Number is N	iot Acceptable)	<u>-</u>		
MELBOU	IRNE FL 32934								
	•		City				FL	Zip Cod	ie
8. The above	named entity submits this statement	for the purpose of sharping it				 -		1 '	
the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing in	s registered office	or registere	ed agent, or both, in t	the State of Flori	da. I am fa	amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registered Agent sign	ature required	when reinstating)		DATE		
		1							
·	FILE NOW: FEE IS \$61.25		mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Make Florida	e Check Departi	Payable ment of :	to State
		Trust Fund (Contribution.		Added to Fees	Florida	Depart	ment of	State
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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.

321-728-5793