

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003026

FILED
Jan 07, 2018
Secretary of State
CC3363526144

Entity Name: STARLIGHT RANCH MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2925 WILD HORSE RD
ORLANDO, FL 32822

Current Mailing Address:

2925 WILD HORSE RD
ORLANDO, FL 32822 US

FEI Number: 59-3374794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERDMANN, ALBERT
2925 WILD HORSE ROAD
ORLANDO, FL 32822 US

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: ALBERT ERDMANN

01/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ERDMANN, ALBERT
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name MARLEY, ROBERT
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title TREASURER
Name MOFFAT, GEORGIA
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name DENISE, KOPLAR
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR, VICEPRESIDENT
Name BALDERSON, RICHARD B
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR, PRESIDENT
Name DELONG, CURTIS
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name OLSEN, VERN
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name HEBERT, ROGER
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ALBERT ERDMANN

SECRETARY

01/07/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LYONS, LAURIE
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822