# **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003026

Entity Name: STARLIGHT RANCH MOBILE HOMEOWNERS' ASSOCIATION,

INC.

FILED
Jan 10, 2019
Secretary of State
2055461949CC

# **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:

MOFFAT, GEORGIA 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: GEORGIA MOFFAT 01/10/2019

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

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

TitleDIRECTOR, PRESIDENTTitleDIRECTOR, VPNameDELONG, CURTISNameLYONS, LAURIE

Address 2925 WILD HORSE RD Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822

Title DIRECTOR, SECRETARY Title DIRECTOR

NameVAN METER, LINDANameHUGHES, DAWNAddress2925 WILD HORSE RDAddress2925 WILD HORSE RDCity-State-Zip:ORLANDO FL 32822City-State-Zip:ORLANDO FL 32822

Title DIRECTOR

Name HALVERSON, BRUCE
Address 2925 WILD HORSE RD
City-State-Zip: ORLANDO FL 32822

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: GEORGIA MOFFAT TREASURER 01/10/2019