
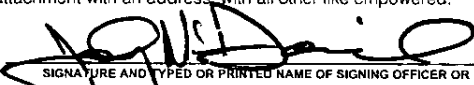


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 032 ****61.25

DOCUMENT # 758431					
1. Entity Name LANTANA PINES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 314 NE 3 STREET BOYNTON BEACH, FL 33435 US		Mailing Address 314 NE 3 STREET BOYNTON BEACH, FL 33435 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOIS CAPLES %SACHS, SAX&KLEIN 301 YAMATO RD, STE 4150 BOCA RATON, FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JOHNNY		NAME		
STREET ADDRESS	6321 LANTANA PINES CIRCLE		STREET ADDRESS	2910 NORWAY PINE LAVE	
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINLER, KAREN		NAME		
STREET ADDRESS	2820 BLACK PINE CT		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DAVID DUBBERLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBLBY, DAVID		NAME		
STREET ADDRESS	6308 LANTANA CIRCLE		STREET ADDRESS	6803 LANTANA PINES CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMORE, REGINALD		NAME		
STREET ADDRESS	2954 TORREY PINE LANE		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JANINE McCORMICK	
STREET ADDRESS			STREET ADDRESS	6321 LANTANA PINES CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DAVID JOHNSON	
STREET ADDRESS			STREET ADDRESS	2930 NORWAY PINE LAVE	
CITY-ST-ZIP			CITY-ST-ZIP	LANTANA, FL 33462	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		