


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90275 012 \*\*\*\*61.25

**DOCUMENT # 758431**

1. Entity Name  
**LANTANA PINES HOMEOWNERS ASSOCIATION, INC.**




Principal Place of Business      Mailing Address  
**314 NE 3 STREET**      **314 NE 3 STREET**  
**BOYNTON BEACH, FL 33435 US**      **BOYNTON BEACH, FL 33435 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02062007    Chg-NP    CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LOIS CAPLES %SACHS, SAX&KLEIN**  
**301 YAMATO RD, STE 4150**  
**BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDANIEL, JOHNNY	
STREET ADDRESS	2910 NORWAY PINE LN	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPINLER, KAREN	
STREET ADDRESS	2820 BLACK PINE CT	
CITY-ST-ZIP	LANTANA, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUBBERLY, DAVID	
STREET ADDRESS	6803 LANTANA PINES CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMORE, REGINALD	
STREET ADDRESS	2954 TORREY PINE LANE	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCORMICK, JENINE	
STREET ADDRESS	6321 LANTANA PINES CIR	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	2930 NORWAY PINE LN	
CITY-ST-ZIP	LANTANA, FL 33462	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** David Dubberly      4-12-07      561-547-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #