
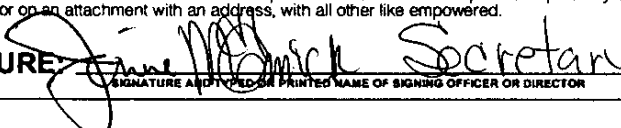


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90250 019 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01162008 Chg-NP CR2E037 (12/06)			
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, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCDANIEL, JOHNNY		NAME	Johnson, David			
STREET ADDRESS	2910 NORWAY PINE LN		STREET ADDRESS	2930 Norway Pine Lane			
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	Lantana, FL 33462			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SPINLER, KAREN		NAME	morphesis, Chris			
STREET ADDRESS	2820 BLACK PINE CT		STREET ADDRESS	6301 White Pine Way			
CITY-ST-ZIP	LANTANA, FL		CITY-ST-ZIP	Lantana, FL 33462			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUBBERLY, DAVID		NAME	PALMORE, REGINALD			
STREET ADDRESS	6803 LANTANA PINES CIR		STREET ADDRESS	2954 TORREY PINE LANE			
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP	LANTANA, FL 33462			
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMORE, REGINALD		NAME	MCCORMICK, JENINE			
STREET ADDRESS	2954 TORREY PINE LANE		STREET ADDRESS	6321 LANTANA PINES CIR			
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	LANTANA, FL 33462			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 		Secretary		3-9-08 561-280-2055			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			