

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002493

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: LANCASTER NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

16105 N. FLORIDA  
SUITE A  
LUTZ, FL 33549

**Current Mailing Address:**

16105 N. FLORIDA, SUITE A  
LUTZ, FL 33549

**New Mailing Address:**

FEI Number: 59-3696865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEZER, STEVE  
1801 N HIGHLAND AVENUE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SLOAT, MARK  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: VPD ( ) Delete  
Name: CAETANO, JOSEPH  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete  
Name: PARRISH, ROBERT  
Address: 16105 N FLORIDA AVENUE, #A  
City-St-Zip: LUTZ, FL 33649

Title: TD ( ) Delete  
Name: JAIN, SEEMA  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: APTE, MARK  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: JAIN, SANJIV  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition  
Name: APTE, MANOHAR  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK SLOAT

Electronic Signature of Signing Officer or Director

PRES

03/08/2009

\_\_\_\_\_ Date