

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17113 (4)
1. Corporation Name
LANCASTER I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-4351
Mailing Address: 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-4351

3. Date Incorporated or Qualified: **10/03/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2812751**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 30

9. Name and Address of Current Registered Agent
**GREENE, ROBERT E.
1904 CLUBHOUSE DR.
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOLOMON, IRV	
STREET ADDRESS	2301 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CURTIS, JACK	
STREET ADDRESS	2523 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALPERT, JACK	
STREET ADDRESS	2407 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, BOB	
STREET ADDRESS	2302 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRECHT, KEN	
STREET ADDRESS	2501 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EINHORN, LOU	
STREET ADDRESS	2708 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700001802437
2.4 CITY-ST-ZIP	05/01/96-01014-002
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***61.25
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RIBLET, HELEN
4.3 STREET ADDRESS	2431 LANCASTER DRIVE
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SPANGARD, BOB
5.3 STREET ADDRESS	2506 LANCASTER DRIVE
5.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LING, CARL
6.3 STREET ADDRESS	2706 LANCASTER DRIVE
6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Blackwood 3-7-96 818-634-8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)