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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33573-5912
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3. Date Incorporated or Qualified 10/03/1986	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2812751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	BLACKWOOD, BOB	
STREET ADDRESS	2302 LANCASTER DR	
CITY - ST - ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD ALBRECHT, KENNETH
2.3 STREET ADDRESS	2501 LANCASTER DRIVE
2.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD PRICE, HAROLD W.
4.3 STREET ADDRESS	2417 LANCASTER DRIVE
4.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D SOLLAS, HARRY
5.3 STREET ADDRESS	1417 LANGLEY DRIVE
5.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jack Halpert 10/97 813-634-5548
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046520

CR2E037 (9/96)