FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N17113

(4)

Mailing Address

LANCASTER I CONDOMINIUM ASSOCIATION, INC.

| 1904 CLUBHOUSE DR. 1904 CLUBHOUSE DR. | | | | | 3. Date Incorporated or Qualified | | | |
|---|---|-----------------------------------|------------------------|------------------|---|------------------------------------|--------------|--|
| SUN CITY CENTER FL 33573-4351 SUN CITY CENTER FL 33573-43 | | | | | 10/03/1986 | | | |
| | | | | | 4. FEI Number | Ap | plied For | |
| | | | | | 59-2812751 | No | t Applicable | |
| 2. Principal Place of Business 2a. Mailing Address 26 | | | | | 5. Certificate of Status Desired | ired S8.75 Additional Fee Regulred | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 6. Election Campaign Financing | \$5.00 N | | |
| 22 27 | | | | | Trust Fund Contribution | | | |
| City & State City & State | | | | | 7. Is this nonprofit corporation a horneowners association? | | | |
| 23 | | 28 | | | Yes | ☐ No | | |
| Zip | Country | Zip | Country | , | 8. This corporation owes or has paid the o | current year Inti | angible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes [|] No | |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registere | d Agent | | |
| | | | 81 | Name | 7-15 E (AC) | | | |
| Greene, Robert e. | | | | Street A | ROBSET E. 6RES ddress (P.O. Box Number is Not Acceptable) | :NE | | |
| 1904 CLUBHOUSE DR. | | | | | CORIDA LIFESTYLE | e mark | 10000 | |
| SUN CITY CENTER FL 33573 | | | | 70 - | | | 7 | |
| SON OIL | IF CENTER PE 330/3 | | L | <u> </u> | (Same) | | · | |
| | | | 84 | City | F | 85 Zip (| Code | |
| office or r | registered agent, or both, in the Statem lamiliar with, and accept the obliging | e of Florida. Such change was a | uthorized by | v the corpo | corporation submits this statement for the purpose oration's board of directors. I hereby accept the a | ppointment as | registered | |
| SIGNATURE | Signature, typed or printed name of registered ar | pent and title if equipable (NOTE | Registered An | ent signature re | equired when reinstating) DATE | | | |
| 12. | | ND DIRECTORS | 13. | ork angresses re | ADDITIONS/CHANGES TO OFFICERS A | <u></u> | S IÑ 12 | |
| TITLE | PD | DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | SOLOMON, IRV | _ | 1.2 NAME | 1 | | | | |
| STREET ADDRESS | 2301 LANCASTER DR | | 1 | T ADDRESS | | | | |
| City-St-ZIP | SUN CITY CENTER FL | / | 1.5 STREE | | | | | |
| TITLE | VD VD | DELETE | 21 TITLE | | D | Change | Additi | |
| NAME | ALBRECHT, KENNETH | Œ 5t | 22 NAME | - {: | 500116000 0 . 0 . 0 . 0 | | | |
| | 2501 LANCASTER DRIVE | | | T ADDDECO | NO WARD KOKERT | | | |
| STREET ADDRESS | SUN CITY CENTER FL | | 2.3 STREET | NUUNESS | SPANGARD ROBERT 2506 LANCASTER DRIVE | | | |
| CITY-ST-ZIP TITLE | TD CIT CENTER FL | DELETE | 2.4 CITY- 3.1 TITLE | 31-ZIP | SUN CTIY GENIER P | Change | 4 Addition | |
| | , ,- | C ottele | 1 | { | D ' | Onenge | | |
| KAME | HALPERT, JACK | | 3.2 NAME | - 1 | RIBLET, HELEN | | | |
| STREET ADDRESS | 2407 LANCASTER DR. | | | T ADDRESS | 2431 LANCASTER DR. | | | |
| CITY-ST-ZIP | SUN CITY CENTER FL | | 3.4. CITY - | ST-ZIP | SUN CITY CENTER FL | | - | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | 1 | \mathfrak{D} | Change | Additi | |
| NAME | PRICE, HAROLD W | | 4, 2 NAME | [| LEVERT EDWARD | | | |
| STREET ADDRESS | 2417 LANCASTER DR | | 4.3 STREET | T ADDRESS | 2408 LANCASTED DRIVE | | | |

14. Thereby 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 og an attachment with an address.

1.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

6.1 TITLE

62 NAME

DELETE

JELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SUN CITY CENTER FL

SOLLAS, HARRY

EINHORN, LOU

1417 LANGLEY DR

SUN CITY CENTER FL

2708 LANCASTER DR

SUN CITY CENTER FL

6 33 -/22 9 Daytime Phone 1 0047390 LOUIS FINHORN

MC KEITHAN BARBARA 2506 LAMBDIN DR. SUN CITY CENTER, FL

Addition

Addition

Change

Change