

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90019 016 ****61.25

DOCUMENT # N17113

1. Entity Name

LANCASTER I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DR.
 SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DR.
 SUN CITY CENTER FL 33573-5912

2. Principal Office
Sterling Management, Inc.
723 Imar Drive
Sun City Center, FL 33573

3. Mailing Office
Sterling Management, Inc.
723 Imar Drive
Sun City Center, FL 33573



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2812751

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, ROBERT E
 C/O FLORIDA LIFESTYLE MANAGEMENT
 SUN CITY CENTER FL 33573

Brian L. May/Sterling Management
 723 Imar Drive
 Sun City Center, FL 33573

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/>	PD	<input type="checkbox"/> Delete
NAME	SOLOMON, IRV	
STREET ADDRESS	2301 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	SPANGARD, ROBERT	
STREET ADDRESS	2506 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE <input checked="" type="checkbox"/>	TD	<input type="checkbox"/> Delete
NAME	HALPERT, JACK	
STREET ADDRESS	2407 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE <input checked="" type="checkbox"/>	SD	<input type="checkbox"/> Delete
NAME	PRICE, HAROLD	
STREET ADDRESS	2417 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE <input type="checkbox"/>	D	<input checked="" type="checkbox"/> Delete
NAME	MCKEITHAN, BARBARA	
STREET ADDRESS	2506 LAMBDDIN DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE <input checked="" type="checkbox"/>	VD	<input type="checkbox"/> Delete
NAME	EINHORN, LOU	
STREET ADDRESS	2708 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	

TITLE <input type="checkbox"/>	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marj Bedner	
STREET ADDRESS	2411 Lancaster Drive	
CITY-ST-ZIP	Sun City Center, FL 33513	
TITLE <input type="checkbox"/>	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Riblet	
STREET ADDRESS	2431 Lancaster Drive	
CITY-ST-ZIP	Sun City Center, FL 33513	
TITLE <input type="checkbox"/>	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Soltas	
STREET ADDRESS	1417 Langley Drive	
CITY-ST-ZIP	Sun City Center, FL 33513	
TITLE <input type="checkbox"/>	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Whitehurst	
STREET ADDRESS	2520 Larkin Drive	
CITY-ST-ZIP	Sun City Center, FL 33513	
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

5/31/00

CR2E037 (9/99)