## **FILED**

## Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90235 047 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N17113

1. Entity Name

| LANCACTED | I CONDOMINIUM | MOITAIOOGGA    | INC |
|-----------|---------------|----------------|-----|
| LANGASIER | T GUNDUNUNUN  | I ASSULIATIUN. | INU |

| Principal Place of Business | _ |
|-----------------------------|---|
| 723 IMAR DR                 |   |

| Principal Place of Business  723 IMAR DR SUN CITY CENTER FL 33573-4351 |                          |                                     | Mailing Address                                  |                      |                            |                     |                            |               |              |  |                             |
|--|--------------------------|-------------------------------------|--|----------------------|----------------------------|---------------------|----------------------------|---------------|--------------|--|-----------------------------|
|  |                          |                                     | 723 IMAR DR<br>SUN CITY CENTER FL 33573-4351     |                      | • • • • •                  |                     |                            |               |              |  |                             |
|  |                          |                                     |  |                      |                            | 1 11                |                            | <b>     </b>  |              |  | 110H 211H 110H              |
| 2. Principal Place of Business   |                          |                                     | 3. Mailing Address                               |                      |                            |                     |                            |               |              |  |                             |
| Suite, Apt. #, etc.  |                          |                                     | Suite, Apt. #, etc.                              |                      | DO NOT WRITE IN THIS SPACE |                     |                            |               |              |  |                             |
| City & State   |                          |                                     | City & State                                     |                      | 4. FEI Nu                  | 59-2812751          |                            |               |              | Applied For  |                             |
| Zip  |                          | Country                             | Zip  | Country              |                            | 5 Certific          | ate of Status De           |               | \$8          | <b>B.75</b> Ad   | lot Applicable<br>iditional |
|  | 6. Name an               | d Address of Current F              | Registered Agent                                 |                      |                            | <u></u>             | and Address of             |               |              | e Requir   | ed                          |
|  |                          |                                     |  | Nam                  | ne                         | 12.11-12.           |                            |               | <u></u>      |  |                             |
| MAY, BR  | NAN L                    |                                     |  | Stree                | et Address (               | (P.O. Box Nui       | mber is Not Acc            | eptable)      |              |  |                             |
| C/O STE  | RLING MANA               | GEMENT                              |  | <del>  -</del>       |                            |                     |                            |               |              |  |                             |
| 723 IMAF   | r dr<br>Y center fl      | 32573                               |  | City                 | <del></del>                | <del></del>         |                            |               | FL           | Zip Cod  | de                          |
|  |                          |                                     | the purpose of changing its r                    | raciatored office    | o or coninter              | rod agent or        | both in the state          | of Florida    |              | L  |                             |
| 6. The above   | e named entity st        | dring this statement for            | the purpose of changing its r                    | egistered offic      | e or register              | red agent, or       | boin, in the state         | ) Oi Fluilda. |              |  | ļ                           |
|  |                          | DIN                                 | ah -   |                      |                            |                     |                            | 7             | -12          | nı.  |                             |
| SIGNATURE .  | Signature, typed or p    | ripted parago of registered agent a | tipe if applicable. (NOTE:                       | Registered Agent si  | ignature required          | d when reinstating) | )                          |               | -/2-<br>DATE | 01   | <del></del>                 |
|  | /                        |                                     | <del>,                                    </del> |                      |                            |                     | <del>-,</del> -            |               |              |  |                             |
|  | FILE NO                  |                                     | 9. Election Campaign                             | ·                    |                            | <b>0</b> May Be     |                            | Make Ch       |              |  | ٥                           |
|  | FEE IS \$6               | 51.25                               | Trust Fund Contribu                              | tion. L              | Added                      | d to Fees           |                            | Depart        | ment of      | State  | i                           |
| 10.  |                          | OFFICERS AND DIR                    | ECTORS   | 11.                  |                            | ADDITIONS/          | CHANGES TO C               | FFICERS A     | ND DIREC     | CTORS II   | N 10                        |
| TITLE  | PD                       |                                     | ☐ Detete   | TITLE                |                            |                     |                            |               |              | ] Change   | ☐ Addition                  |
| NAME<br>STREET ADDRESS   | SOLOMON,                 |                                     |  | NAME<br>STREET ADDRE |                            |                     |                            |               |              |  |                             |
| CITY-ST-ZIP  | 2301 LANCA<br>SUN CITY ( |                                     |  | CITY-ST-ZIP          | .35                        |                     |                            |               |              |  |                             |
| TITLE  | D                        | ENIEN FL                            | ☑ Oelete   | TITLE                | VD                         |                     |                            |               |              | Change     ■ Change | Addition                    |
| NAME   | SPANGARD                 | , robert                            | <del></del>                                      | NAME                 | SPA                        | NGARD,              | ROBER<br>ASTER P<br>CENTER | P<br>DIVE     |              |  | 1                           |
| STREET ADDRESS   |                          | ASTER DRIVE                         |  | STREET ADDRE         | SS 2506                    | , LANCE             | ASTER D                    | 7,4-          | 7 /          | · / / / /  | İ                           |
| CITY-ST-ZIP  | SUN CITY O               | ENTER FL                            |  | CITY-ST-ZIP          | SUN                        | City C              | ENTER                      | FL            | 335          |  | At a reserve                |
| TITLE<br>NAME  | TD<br>  HALDEDT          | ACK                                 | ☐ Delete   | TITLE<br>NAME        | ATION                      | I. MARY             | •                          |               | L            | ] Change   | Addition                    |
| STREET ADDRESS   | HALPERT, J<br>2407 LANCA |                                     |  | STREET ADDRE         | SS 2509                    | 4 LANC              | raster O                   | RIVE          |              |  | ļ                           |
| CITY-ST-ZIP  | SUN CITY O               |                                     | ال   | CITY-ST-ZIP          | SUN                        | City                | CENTER                     | e. FL         | 33:          | 573  |                             |
| TITLE  | SD                       |                                     | ☐ Delete   | TITLE                | 0                          |                     | 447-06                     |               |              | Change   | <b>✓</b> Addition           |
| NAME   | PRICE, HAR               |                                     |  | NAME                 | BEO                        | NEK, MI             | ARJORIE<br>ISTER DR        | 211€          |              |  |                             |
| Street Address  <br>City-St-Zip  | 2417 LANC                |                                     |  | STREET ADDRE         |                            |                     | CENTER,                    |               | ~ ~ ~ ~ ~    | 7-4  |                             |
| TITLE  | SUN CITY O               | ENIER FL                            | ☐ Delete   | TITLE                |                            |                     |                            | FL            |              | Change   | Addition                    |
| NAME   | , -                      | ST, RAYMOND                         | □ Detete   | NAME                 | Q.A.                       | LET, A              | YELEN                      | ~             | _            | 7 Outside  | A) Addition                 |
| STREET ADDRESS   | 2520 LARKI               |                                     |  | STREET ADDRES        | ss 2431                    | LANCA               | 95TER D                    |               |              |  |                             |
| CITY-ST-ZIP  |                          | ENTER FL 33573                      |  | CITY-ST-ZIP          | SUN                        | Cary                | CENTER                     | , FL          | 33           | 573  |                             |
| TITLE  | VD                       |                                     | <b>⊁</b> Delete                                  | TITLE                | 10                         | ne 4                | GLEY L                     |               |              | Change   | Addition                    |
| NAME   | EINHORN, L               |                                     |  | NAME                 | 5066                       | 173, 17             | CLEY L                     | RIVE          |              |  | ļ                           |
| STREET ADDRESS<br>CITY-ST-ZIP  | 2708 LANC/               |                                     |  | STREET ADDRES        | 55 1417                    | 1                   | CENTER,                    | FI            | 324          | ∵•>.•≠   | ļ                           |
| ALL COLL TILL  | SUN CITY C               | ENIER FL                            |  | G111-51-ZIP          | JUN                        | ciry                | CENTER                     |               | 232          | 112  | <u>·</u>                    |

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:

SHANK TO THE WORKED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR