

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90235 047 \*\*\*\*61.25

**DOCUMENT # N17113**

1. Entity Name

**LANCASTER I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

723 IMAR DR  
 SUN CITY CENTER FL 33573-4351

723 IMAR DR  
 SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2812751**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY, BRIAN L**  
**C/O STERLING MANAGEMENT**  
**723 IMAR DR**  
**SUN CITY CENTER FL 33573**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

*Brian L May*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-12-01**  
 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  Delete  
 NAME **PD SOLOMON, IRV**  
 STREET ADDRESS **2301 LANCASTER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SPANGARD, ROBERT**  
 STREET ADDRESS **2506 LANCASTER DRIVE**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE  Change  Addition  
 NAME **VD SPANGARD, ROBERT**  
 STREET ADDRESS **2506 LANCASTER DRIVE**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE  Delete  
 NAME **TD HALPERT, JACK**  
 STREET ADDRESS **2407 LANCASTER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE  Change  Addition  
 NAME **D ATON, MARY**  
 STREET ADDRESS **2504 LANCASTER DRIVE**  
 CITY-ST-ZIP **SUN CITY CENTER. FL 33573**

TITLE  Delete  
 NAME **SD PRICE, HAROLD**  
 STREET ADDRESS **2417 LANCASTER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE  Change  Addition  
 NAME **D BEONER, MARJORIE**  
 STREET ADDRESS **2411 LANCASTER DRIVE**  
 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE  Delete  
 NAME **D WHITEHURST, RAYMOND**  
 STREET ADDRESS **2520 LARKIN DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE  Change  Addition  
 NAME **D RIBLET, HELEN**  
 STREET ADDRESS **2431 LANCASTER DRIVE**  
 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE  Delete  
 NAME **VD EINHORN, LOU**  
 STREET ADDRESS **2708 LANCASTER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE  Change  Addition  
 NAME **D SOLLAS, HARRY**  
 STREET ADDRESS **1417 LANGLEY DRIVE**  
 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

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:

*Irvin Solomon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-01**  
 Date

**813 634 4514**  
 Daytime Phone #

CR2E037 (10/00)