

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SOLOMON, IRV	2301 LANCASTER DR	SUN CITY CENTER FL	<input type="checkbox"/>
D	SPANGARD, ROBERT	2506 LANCASTER DRIVE	SUN CITY CENTER FL	<input checked="" type="checkbox"/>
TD	HALPERT, JACK	2407 LANCASTER DR	SUN CITY CENTER FL	<input type="checkbox"/>
SD	PRICE, HAROLD	2417 LANCASTER DR	SUN CITY CENTER FL	<input type="checkbox"/>
D	WHITEHURST, RAYMOND	2520 LARKIN DR	SUN CITY CENTER FL 33573	<input type="checkbox"/>
VD	EINHORN, LOU	2708 LANCASTER DR	SUN CITY CENTER FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	SPANGARD, ROBERT	2506 LANCASTER DRIVE	SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ATON, MARY	2504 LANCASTER DRIVE	SUN CITY CENTER. FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BEONER, MARJORIE	2411 LANCASTER DRIVE	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RIBLET, HELEN	2431 LANCASTER DRIVE	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SOLLAS, HARRY	1417 LANGLEY DRIVE	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)