


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 017 ****61.25

DOCUMENT # N17113 1. Entity Name LANCASTER I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # Suite Sterling Management 1904 Clubhouse Drive City Sun City Center, FL 33573		3. Mailing Address etc. 01182008 Chg-NP CR2E037 (12/06)	
Zip Country		4. FEI Number 59-2812751 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFF. J. R. DE FURIO, P.A. 201 E. KENNEDY BLVD. STE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME VOGELSANG, JOHN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2322 LANCASTER DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE PD NAME Ron Forshier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1401 Langley Dr CITY-ST-ZIP Sun City Center FL 33573		
TITLE SD NAME ATON, MARY <input type="checkbox"/> Delete STREET ADDRESS 2504 LANCASTER DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE UPD NAME Vogelsang, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2322 Lancaster Dr CITY-ST-ZIP Sun City Center FL 33573		
TITLE TD NAME KRAMER, JOAN <input type="checkbox"/> Delete STREET ADDRESS 2408 LANCASTER DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE D NAME Carman, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2517 Lancaster Dr CITY-ST-ZIP Sun City Center FL 33573		
TITLE VPD NAME FORSHIER, RON <input checked="" type="checkbox"/> Delete STREET ADDRESS 1401 LANGLEY DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE D NAME Cooper, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2524 Lancaster Dr CITY-ST-ZIP Sun City Center FL 33573		
TITLE D NAME BERGMAN, MARLAYNE <input type="checkbox"/> Delete STREET ADDRESS 2504 LANCASTER DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE D NAME Weinstein, Erwin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2508 Lambdin Dr CITY-ST-ZIP Sun City Center FL 33573		
TITLE D NAME BUSHART, MEL <input type="checkbox"/> Delete STREET ADDRESS 2707 LANCASTER DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ron Forshier</u> PRES.		Date <u>02/28/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	