FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT TO STATE CORPORATION ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name N93000002820 (9) LANCASTER SQUARE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address COU FIFTH AVENUE SOUTH 600 FIFTH AVENUE SOUTH 41TF 201 NAPLES FL 00040 Naples FL 34102-002: 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1993 04/19/1996 4. FEI Number 65-0413292 \$8.75 Additional Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for Intangible 17x under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRUGGER, CAROL R 82 **600 FIFTH AVENUE SOUTH GUITE 207** 83 NAPLES FL-83940 rs 617,0502 and 617,1508, Florida Statutes, the above-named of the State of Florida. Such change was authorized by the corpd Pursuant to the provision office or registered agent agent. I am familiar with. s of Sections of Sections is statement for the purpose of changing its registered edors. I hereby accept the appointment as registered the State of Florida. Such change was authorized by the obligations of, Section 617.0503, Florida Statute SIGNATURE 12. FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE NAME BRUGGER, JOHN N. 1.2 NAME STREET ADDRESS 600 FIFTH AVENUE SOUTH #207~ 1.3 STREET ADDRES NAPLES FL CITY-ST-ZIP 1.4 CITY- ST- 7IP TITI F DELETE 21 TITLE STEINER, ARLETTE NAME 2.2 NAME STREET ADDRESS 1000 FIFTH AVENUE SOUTH #207 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE NAME -STIER: ERIC 3.2 NAME STREET ADDRESS 800 FIFTH AVENUE SOUTH #207 3.3 STREET ADDRESS **MAPLES FL** CITY-ST-ZIP 3.4. CITY-ST-ZIF TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i). Fiorida Statutes, information indicated on this appropriate profits true and accurate and that my signature stall have the same legal I am an officer or director of the appropriation of the exemption profits true and accurate and that my signature stall have the same legal I am an officer or director of the appropriation of the exemption stated in Section 119.0/(3)(i). Fiorida Statutes, information indicated on this appropriation of the exemption stated in Section 119.0/(3)(i). Fiorida Statutes, information indicated on this appropriation of the exemption stated in Section 119.0/(3)(i). Fiorida Statutes, information indicated on this appropriation of the exemption stated in Section 119.0/(3)(i). Fiorida Statutes, information indicated on this appropriation of the exemption stated in Section 119.0/(3)(i). Fiorida Statutes, information indicated on this appropriation of the exemption stated in Section 119.0/(3)(ii). Fiorida Statutes, information indicated on this appropriation of the exemption indicated on this appropriation of the exemption indicated on the ex

TREET ADDRESS

Y-ST-Z#P

Jun 09 1997 8:00am Secretary of State



Applied For

Not Applicable

Addition