## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 18 1998 8:00am

Secretary of State

Daytime Phone # 0061226

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300002820 (9)

## LANCASTER SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 4148A CORPORATE SO 4148A CORPORATE SO 3. Date Incorporated or Qualified NAPLES FL 34104 NAPLES FL 34104 06/23/1993 Applied For 65-0413292 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Yes No 23 Country Country 8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NEWELL, WILLIAM 82 Street Address (P.O. Box Number is Not Acceptable) 4148A CORPORATE SQ 83 NAPLES FL 34104 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE REPRY. ED NAME 1.2 NAME **CR2E037** 3087\_LANCASTER DRIVE #502. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME MG BRIDE, RICHARD 2.2 NAME 2000 BIAMOND RIDGE ST STREET ADDRESS 2.3 STREET ADDRESS CEDAR RAPIDS IA 52403 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE AMOLER: CLAIRE 3.2 NAME NAME 3003 LANCASTER DR #1 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITUE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 tractice empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.