

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17113

**Entity Name:** LANCASTER I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**5130656264CC**

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER, FL 33573 US

**FEI Number: 59-2812751**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSH ROSS, P.A.  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US

*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:** WEB MELTON

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAVEGLIA, ROBERT  
Address        1409 LANGLEY DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            VP  
Name            LONG, KATHLEEN  
Address        2712 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            TREASURER  
Name            BIRKINSHAW, ELAINE  
Address        2323 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            KAPLAN, STANLEY  
Address        2409 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            SCHNEIDER, WALTER  
Address        2306 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            BORG, MARY  
Address        2501 LAMBDIN DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            SECRETARY  
Name            BOOS, KRISTY  
Address        2710 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            MARTYKA, JOHN  
Address        2525 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT CAVEGLIA

**PRESIDENT**

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MASON, MICHELLE  
Address        2506 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            SCHNEIDER, WALTER  
Address        2306 LANCASTER DR  
City-State-Zip: SUN CITY CENTER FL 33573