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	Title	VP
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CAVEGLIA. ROBERT Name Name LONG, KATHLEEN Address 1409 LANGLEY DRIVE Address 2712 LANCASTER DR

SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip:

Title **DIRECTOR** Title **TREASURER**

Name KAPLAN, STANLEY Name BIRKINSHAW, ELAINE Address 2323 LANCASTER DR Address 2409 LANCASTER DR

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title **DIRECTOR** Title DIRECTOR Name BORG, MARY Name SCHNEIDER, WALTER Address 2501 LAMBDIN DR Address 2306 LANCASTER DR

City-State-Zip: SUN CITY CENTER FL 33573

City-State-Zip: SUN CITY CENTER FL 33573

DIRECTOR Title Title **SECRETARY** Name MARTYKA, JOHN **BOOS. KRISTY** Name

Address 2525 LANCASTER DR Address 2710 LANCASTER DR

SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip:

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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.

03/07/2024 SIGNATURE: ROBERT CAVEGLIA PRESIDENT

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameMASON, MICHELLENameSCHNEIDER, WALTERAddress2506 LANCASTER DRAddress2306 LANCASTER DR

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573