## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 629002

LANAIR PARK IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2454 HENRIETTA COURT LANTANA FL 33462

2454 HENRIETTA COURT LANTANA FL 33462

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90065 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

							07/09/1979				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For	
21	300 0. 22	26	•				65-0164609	[		t Applicable	
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional quired	
City & State	•	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be o Fees	
<b>Z</b> ip	Country	<del></del>	Zip	Country			8. This corporation owes the current year	r Intangible	e	. /	
24	25 29 30				Personal Property Tax. Yes XNo					No	
9. Name and Address of Current Registered Agent							<ol><li>Name and Address of New Registe</li></ol>	red Agent	<u> </u>		
			.,	81	Name						
JOHN S. DORAN 2487 SUN-UP LANE					82 Street Address (P.O. Box Number is Not Acceptable)						
LANTANA FL 33462											
				84	City			FL 85	Zip (	Code	
<u> </u>	7-22-64					l ==== ·	tion submits this statement for the ournes	e of chanc	l aina ite	registered	
1: 1: - <b>EX</b>	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Hodd	ia. Such change was auto	iorizea av	me coro	oration's	tion submits this statement for the purpos s board of directors. I hereby accept the a	ppointmen	t as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent					required wh	en reinstating) DATI	É			
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIF	RECTO	RS IN 12	
TITLE	VP		☐ DELETE	1.1 TITLE					hange	Addition	
NAME	CARLSON, RICHARD			1.2 NAME							
STREET ADDRESS	2377 CRAWFORD CT			1.3 STREE	TADDRESS	;					
CITY-ST-ZIP	LANTANA FL			1.4 CITY-S	T-ZiP					C Addison	
TITLE	T		☐ DELETE	2.1 TITLE				Пс	hange	Addition	
NAME	WOOLF, JOSEPH W.			2.2 NAME							
STREET ADDRESS	2454 HENRIETTA COURT			2.3 STREE	TADORESS	3					
CITY-ST-ZIP	LANTANA FL			2. 4 CITY-5	ST-ZIP	-			Change	Addition	
TITLE	Research to		☐ DELETE	3.1 TITLE					J. ange		
NAME	CHANNELL, KEITH			3.2 NAME	<b>-</b> . <b></b>						
STREET ADDRESS	2449 DONNA COURT			1	T ADDRESS					4 8 4	
CITY-ST-ZIP	LANTANA FL		□ DELETE	3.4. CITY-5	i I - ZIP	+			Change	Addition	
TITLE	S		FT OFFE IE	4.1 IIILE			•	· <del>-</del>		_	
NAME	MICHAEL, LEE				T ADDRESS		•				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4.3 STREE							
CITY-ST-ZIP	LANTANA FL		☐ DELETE	5.1 TITLE	11.7511.	+			Change	Addition	
				5.2 NAME							
NAME STREET ADDRESS				5.3 STREE	T ADDRESS	s			•		
ł	(A)			5.4 CITY- 9	T-ZIP						
CITY-ST-ZIP	Service Service		☐ DELETE	6.1 TITLE		1			Change	Addition	
NAME	変形なり			6.2 NAME							
STREET ADDRESS	( → f v * − 3 ).			6.3 STREE	TADDRESS	s					
STREET ALAURESS	[ }			6.4 CITY-5	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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: