

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747730

FILED
Apr 11, 2007
Secretary of State

Entity Name: CONCEPT HOMES OF LANTANA, PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ATLANTIC LAKES/BLUE PINES ESTATES P.O.A.
5891 SOUTH MILITARY TRAIL, SUITE 5A
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

ATLANTIC LAKES/BLUE PINES ESTATES P.O.A.
5891 SOUTH MILITARY TRAIL, SUITE 5A
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-2464520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELZ, STEVEN M ESQ
214 BRAZILIAN AVE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBER, MAUREEN
Address: 4970 ARENA WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: SCHWAB, THOMAS
Address: 4975 ARENA WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: STEIN, MARY
Address: 4980 COLLESIUM DR
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: LAW, MICHAEL
Address: 4743 BLUE PINE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: HAMILTON, DONALD
Address: 4975 COOESIUM DR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAMILTON, DONALD
Address: 4975 COLLESIUM DR
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY STEIN

SD

04/11/2007

Electronic Signature of Signing Officer or Director

Date