

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747730

FILED  
Jan 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

ATLANTIC LAKES/BLEUE 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/BLEUE 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:**

SOUTHERN SHORES MGMT.  
4524 GUN CLUB STE 105  
WEST PALM BEACH, FL 33415 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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 ( ) Change (X) Addition  
Name: WATTS, MICHAEL  
Address: 4773 MESSANA TER  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify 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: MAUREEN BARBER

PRES

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date