

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90020 044 ****61.25

DOCUMENT # 760195

1. Entity Name

THREE LANTERNS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1815 MICCOSUKEE COMMONS DR
SUITE 104
TALLAHASSEE, FL 32308 US

Mailing Address

P.O. BOX 14019
TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2237626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY S
1815 MICCOSUKEE COMMONS DRIVE
SUITE 104
TALLAHASSEE, FL 32308

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SUMMERFIELD, DEE
107 WHITE OAK
RICHMOND, KY 40475

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
MCLAUGHLIN, DEBORAH
1558 THREE LANTERN LANE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
VERMETTE, DAVID
1554 THREE LANTERN LANE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06