2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-09-2007 90084 045 ****61.25
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FILED
07 APR 19 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760195

1. Entity Name
THREE LANTERNS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1815 MICCUSUKEE COMMONS DR SUITE 104 TALLAHASSEE, FL 32308 US	P.O. BOX 14019 TALLAHASSEE, FL 32317

03252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee FL
Zip / Country	Zip: 32301 / Country: USA

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	7. Name and Address of New Registered Agent
DAUGHTRY, TAMMY S 1815 MICCOSUKEE COMMONS DRIVE SUITE 104 TALLAHASSEE, FL 32308	Name: Deborah Michele Lucas Street Address (P.O. Box Number is Not Acceptable): 1558 Three Lanterns Ln City: Tallahassee FL Zip Code: 32301

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: Deborah M. Lucas Deborah M. Lucas 4/6/07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMERFIELD, DEE 107 WHITE OAK RICHMOND, KY 40475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S Deborah Lucas 1558 Three Lanterns Ln Tallahassee, FL 32301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCLAUGHLIN, DEBORAH 1558 THREE LANTERN LANE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T David Vermette 1554 Three Lanterns Ln Tallahassee, FL 32301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VERMETTE, DAVID 1554 THRE LANTERN LANE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Summerfield, Omar 107 White Oak Richmond, KY 40475	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Deborah M. Lucas 4/6/07 (850) 216-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

As per telephone conversation with

4/19