

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760195

FILED
Jul 06, 2009
Secretary of State

Entity Name: THREE LANTERNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3968 N. MONROE ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180657
TALLAHASSEE, FL 32318 US

New Mailing Address:

FEI Number: 59-2237626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 N. MONROE ST
TALLAHASSEE, FL 32303 US

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: PS () Delete
Name: LUCAS, DEBORAH
Address: 1558 THREE LANTERNS LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VPT () Delete
Name: VERMETTE, DAVID
Address: 1554 THREE LANTERNS LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: SUMMERFIELD, OMAR
Address: 107 WHITE OAK
City-St-Zip: RICHMOND, KY 40475 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LUCAS, DEBORAH
Address: 1558 THREE LANTERN'S LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: P (X) Change () Addition
Name: VERMETTE, DAVID
Address: 1554 THREE LANTERN'S LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: ST (X) Change () Addition
Name: SAAM, CHRIS
Address: 1594 THREE LANTERN'S LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: M () Change (X) Addition
Name: SBORDONE, LEANN
Address: 3968 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

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: LEANN SBORDONE

M

07/06/2009

Electronic Signature of Signing Officer or Director

Date