

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760962 (1)

1. Corporation Name

LANTERN WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O CUSTOM PROPERTY MANAGEMENT  
2328 S. CONGRESS AVE., STE 2A  
WEST PALM BEACH FL 33406  
US

C/O CUSTOM PROPERTY MANAGEMENT  
2328 S. CONGRESS AVE., STE 2A  
WEST PALM BEACH FL 33406  
US

3. Date Incorporated or Qualified  
12/08/1981

3a. Date of Last Report  
04/28/1995

4. FEI Number

59-2638025

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSTOM PROPERTY MANAGEMENT INC.  
2328 S. CONGRESS AVENUE  
SUITE 2A  
WEST PALM BEACH FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D  
NAME MICHAELSON, ELAINE  
STREET ADDRESS 212 PAR DRIVE  
CITY-ST-ZIP ROYAL PALM BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME BENTLY, MAMIE  
STREET ADDRESS 194 PAR DRIVE  
CITY-ST-ZIP ROYAL PALM BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T  
NAME SMULK, JOANNE  
STREET ADDRESS 276 SUNSHINE BLVD.  
CITY-ST-ZIP ROYAL PALM BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME LENHART, MERLE  
STREET ADDRESS 416 SUNSHINE BLVD.  
CITY-ST-ZIP ROYAL PALM Bch FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D  
NAME BLOGG, KURT  
STREET ADDRESS 157 LOVE CRESCENT  
CITY-ST-ZIP ROYAL PALM BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☒ Addition

TITLE Treasurer/D  
NAME KALISH, JEAN  
STREET ADDRESS 111 SUNSHINE BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elaine Michaelson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96  
Date

Daytime Phone #

CR2E037 (12/95)