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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

760962

(1)

## LANTERN WALK HOMEOWNERS ASSOCIATION, INC.

-inclod Diago of Rusiness	Mailing Address		d IBEIff JOSEN Boire angen roten meine	<u> </u>	
rincipal Place of Business	•	ATV HANAFERENT	\ 		
C/O CUSTOM PROPERTY MANAGEMENT	C/O CUSTOM PROPE 2328 S. CONGRESS A				
2329 S. CONGRESS AVE STE 2A WEST PALM BEACH FL 33406 US	WEST PALM BEACH FL 33406 US		3. Date Incorporated or Qualified 12/08/1981	3a. Date of Last Report 04/28/1995	
	2a. Mailing Address		4. FEI Number	Applied F	or
. Principal Place of Business	<u> </u>		59-2638025	Not Appli	cable
	Suite, Apt. #, etc.			\$8.75 Addition	nal
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Required	
Oh. I State	City & State		6. Election Campaign Financing	\$5.00 May E	3e
City & State	28		Trust Fund Contribution	Added to Fee	
Zip Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032	
25	29	30		Yes No	
9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
,		81 Name			
CUSTOM PROPERTY MANAGEMENT IN	r.	62 Street	Address (P.O. Box Number is Not Acceptable	0)	
	0.	OZ Gueen.			
2328 S. CONGRESS AVENUE		83			
SUITE 2A				85 Zip Code	
WEST PALM BEACH FL 33406		84 City		FL	
Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Flori	2 and 617 1509 Florida State	ites, the above named co	rnoration submits this statement for the purp	pose of changing its registered	d offi
of registered agent, or both, in the state of heart familiar with, and accept the obligations of, Sectorial Sec		NOTE Registered Agent signature r	egurad when reinstating)	DATE	
Startative, broad or proted name of redistrict add/		MALE LIGHTINGS CO. Bow a B. min .			
Signature, typed or printed name of registered agen	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
Signature, typed or printed name of registeren agent OFFICERS AN			ADDITIONS CHANGES TO OFF	Change Ac	
Signature, typed or printed name of registered again  OFFICERS AN  ITLE P/D	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
Signature, typed or printed name of registrated again  OFFICERS AN  ITLE P/D  AME MICHAELSON, ELAINE	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF		
Signature, typed or printed name of registered apart  OFFICERS AN  ITTLE  P/D  MICHAELSON, ELAINE  212 PAR DRIVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		Change Ac	dition
Signature, typed or pented name of registered apart  OFFICERS AN  ITLE  MICHAELSON, ELAINE  212 PAR DRIVE  DITY-ST-ZIP  ROYAL PALM BEACH FL	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Ac	ldition
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Daytime Phone #

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