

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90157 001 \*\*\*\*61.25

DOCUMENT # 760962

1. Corporation Name

LANTERN WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O J.P. SPILLANE, C.P.A.  
12788 W. FOREST HILL #2005  
WELLINGTON FL 33414  
US

Mailing Address

C/O J.P. SPILLANE, C.P.A.  
12788 W. FOREST HILL #2005  
WELLINGTON FL 33414  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/08/1981

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPILLANE, J.P. C.P.A.  
12788 W. FOREST HILL BLVD.  
SUITE 2005  
WELLINGTON FL 33414

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLIDAY, RICHARD	
STREET ADDRESS	160 PARK DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENTLEY, MAMIE	
STREET ADDRESS	194 PAR DR.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BONLRY, BETTY	
STREET ADDRESS	104 SUNSHINE BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOMMER, IRVING	
STREET ADDRESS	121 SANDY LANE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALVARO, JOHN	
STREET ADDRESS	200 PAR DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFFREY ZWICK	
1.3 STREET ADDRESS	220 PAR DRIVE	
1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOAN ALVARO	
2.3 STREET ADDRESS	200 PAR DRIVE	
2.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RALPH LIPSHAW	
3.3 STREET ADDRESS	140 PARADISE CRESCENT	
3.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARILYN WALSH	
4.3 STREET ADDRESS	168 PAR DRIVE	
4.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELANE MICHAELSON	
5.3 STREET ADDRESS	212 PAR DRIVE	
5.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BETTY ONLY	
6.3 STREET ADDRESS	104 SUNSHINE BLVD	
6.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED  
JEFFREY ZWICK Pres.

4/27/99

561 7935159