## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 760962** May 22, 2000 8:00 am 1. Entity Name Secretary of State LANTERN WALK HOMEOWNOWNERS ASSOCIATION, INC. 05-22-2000 90080 047 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O J.P. SPILLANE, C.P.A. C/O J.P. SPILLANE, C.P.A. 12788 W. FOREST HILL #2005 12788 W. FOREST HILL #2005 WELLINGTON FL 33414-4703 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2638025 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPILLANE, J.P. C.P.A. 12788 W. FOREST HILL BLVD. **SUITE 2005** Zip Code WELLINGTON FL 33414 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State , FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Channe Addition TITLE ☐ Delete TITLE ZWICK, JEFFERY 220 PAR DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ٧D ☐ Addition X Change Delete TITLE TITLE Caron, Barbara ALVARO: JOAN STREET ADDRESS STREET ADDRESS 200 PAR DR: CITY-ST-ZIP CITY-ST-ZIP <del>ROYAL PALM BOH FL 99411</del> ☐ Addition ☐ Delete TITLE TITLE NAME NAME L<del>ipshaw, Ralph •</del> STREET ADDRESS STREET ADDRESS 140 PARIDISE CRESCENT CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Addition SD ☐ Delete TITLE NAME NAME WALSH, MARILYN STREET ADDRESS STREET ADDRESS 168 PAR DR. CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME MICHAELSON, ELAINE NAME STREET ADDRESS STREET ADDRESS 212 PAR DR. CITY-ST-ZIP CITY-ST-7IP **ROYAL PALM BEACH FL 33411** Addition Change TITLE ☐ Delete TITLE NAME DONELY, BETTY NAME STREET ADDRESS STREET ADDRESS 104 SUNSHINE BLVD. CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

12. 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 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:

**FILED**