

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90247 019 \*\*\*\*61.25

<b>DOCUMENT # 760962</b> 1. Entity Name <b>LANTERN WALK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <del>C/O ACCOUNTING CONCEPTS</del> <b>155 SARATOGA BLVD. E.</b> <b>ROYAL PALM BEACH, FL 33411</b> US		Mailing Address <del>C/O ACCOUNTING CONCEPTS</del> <b>155 SARATOGA BLVD. E.</b> <b>ROYAL PALM BEACH, FL 33411</b> US	
2. Principal Place of Business <b>161 SUNSHINE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>12788 W FOREST HILL BLVD</b> Suite, Apt. #, etc. <b>SUITE 2005</b>	
City & State <b>ROYAL PALM BEACH FL</b>		City & State <b>WELLINGTON FL</b>	
Zip <b>33411</b>	Country	Zip <b>33414</b>	Country
4. FEI Number <b>59-2638025</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ACCOUNTING CONCEPTS OF S. FL., INC.</b> <b>155 SARATOGA BLVD. E.</b> <b>ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>J P SPILLANE CPA PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12788 W FOREST HILL BLVD</b> <b>SUITE 2005</b> City <b>WELLINGTON</b> FL Zip Code <b>33414</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/5/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIN, MILDRED 155 LOVE CRESCENT ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIDE, RICHARD 143 PAR DRIVE ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARLEY SPARKES 272 SUNSHINE BLVD ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAELSON, ELAINE 212 PAR DR. ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MARILYN 168 PAR DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZWICK, JEFFREY 220 PAC DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIDAY, MARIAM 160 PAR DRIVE ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		DATE <b>4/7/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JEFFREY ZWICK</b>		Daytime Phone # <b>561 310 4820</b>	

54030582



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