

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90364 008 \*\*\*\*61.25

**DOCUMENT # 760962**

1. Entity Name  
**LANTERN WALK HOMEOWNOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**161 SUNSHINE BLVD  
ROYAL PALM BEACH, FL 33411 US**

Mailing Address  
**12788 W FOREST HILL BLVD  
STE 2005  
WELLINGTON, FL 33414 US**

**40085454**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2638025**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**J P SPILLANE CPA PA  
12788 W FOREST HILL BLVD  
STE 2005  
WELLINGTON, FL 33414**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete  
NAME **FERRIN, MILDRED**  
STREET ADDRESS **155 LOVE CRESCANT**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **SPEAKES, SHIRLEY**  
STREET ADDRESS **272 SUNSHINE BLVD**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **PD** ☐ Change ☒ Addition  
NAME **ZWICK, JEFFERY**  
STREET ADDRESS **220 PAR DR**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete  
NAME **MICHAELSON, ELAINE**  
STREET ADDRESS **212 PAR DR.**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **ROBINSON, JOYCE**  
STREET ADDRESS **216 PAR DR**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KELLER, GLORIA**  
STREET ADDRESS **206 PAR DR**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Change ☒ Addition  
NAME **EVANS, OLGA**  
STREET ADDRESS **118 PAR DR**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☒ Delete  
NAME **GOLDSTEIN, CAROLE**  
STREET ADDRESS **148 SANDY LN**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **SD** ☐ Change ☒ Addition  
NAME **WARTEN, IRENE**  
STREET ADDRESS **151 PAR DR**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-08**

Date

**561-445-5245**

Daytime Phone #