## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

C/O J.P. SPILLANE, C.P.A.

12788 W. FOREST HILL #2005

## 760962 DOCUMENT #

1. Entity Name

Principal Place of Business

12788 W. FOREST HILL #2005

C/O J.P. SPILLANE, C.P.A.

WELLINGTON FL 33414

SIGNATURE:

LANTERN WALK HOMEOWNOWNERS ASSOCIATION, INC.



## **FILED** Feb 17, 2003 8:00 am § Secretary of State

02-17-2003 90223 041 \*\*\*\*61.25



WELLINGTON FL 33414	WELLINGTON FL 33414 US			 	KAN ARNA NENE SANG MEN			
2, Principal Place of Business	3. Mailing Address	3. Mailing Address						
	ACCOUNTING CONCEPTS GO ACCOUNTI		CEPTS			1441  B  B  B    B  B  B  B  B  B  B  B  B	)	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.		ARIUDE		☐ CHECK HERE IF MAKING CHANGES				
City & State City & State		<u> </u>		4. FEI Number 59	2-2638025	1 14	Applied For	
ROYAL PALM BEACH, FL Zip Country	ROYAL PALI		4,FL	3.		<del></del>	Not Applicable	
33411 Country	334-11	Country		5. Certificate of Sta	atus Desired	38.75 Ac		
6. Name and Address of Current			7. Name and Address of New Registered Agent					
CONTANT ID COA	Name	ACCOUNTING CONCEPTS OF 5 PL, INC						
SPILLANE, J.P. C.P.A. 12788 W. FOREST HILL BLVD.	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 2005	133 SATLATOGA BLVD E							
WELLINGTON FL 33414								
1		120%	VAL	PALME	BEACH	FL Zinco	<b>\4.</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.								
ane obligations of registered agent.								
SIGNATURE TERM MAROLITANO 2/603								
Signature, typed or printed name overdistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOW: FEE IS \$61.25  9. Election Camp			World May Be		heck Payable	k Payable to		
	Trust Fund Co	ntribution.	Ц	Added to Fees	Florida De	epartment of	State	
10. OFFICERS AND DIR	ECTORS	11.	Α	DDITIONS/CHANGE	S TO OFFICERS AN	ID DIBECTORS IN	V 10	
TITLE SD	☐ Delete	TITLE	D		-	Change	☐ Addition	
NAME FERRIN, MILDRED		NAME	MIL	DRED P	PRIN	, ,	_	
STREET ADDRESS 155 LOVE CRESCENT CITY-ST-ZIP ROYAL PALM BEACH FL 33411		STREET ADDRESS CITY-ST-ZIP		LOVECR				
TITLE PD	☐ Delete	TITLE	D	AZPAZM	BETTER			
NAME GEIDE, RICHARD	L_1 Delete	NAME	SEIL	DE, RICH AT	es.	Change	☐ Addition	
STREET ADDRESS 143 PAR DRIVE		STREET ADDRESS	143	PAR DR				
CITY-ST-ZIP ROYAL PALM BEACH FL 33411		CITY-ST-ZIP	ROY	12 PALM	-BEACH;	PC-334	//	
NAME MICHAELSON, ELAINE	Delete	TITLE	5D			Change	☐ Addition	
STREET ADDRESS 212 PAR DR.		NAME Street Address		INE MICH. PAR DR	AELSON			
CITY-ST-ZIP ROYAL PALM BEACH FL 33411		CITY-ST-ZIP	ROY	AL PALM	Bouch	A 2%	2//	
TITLE D	elete	TITLE	PD	· · · · · · · · · · · · · · · · · · ·	1001.		Addition	
NAME DONELY, BETTY		NAME	1/17 <del>/1</del> /2	ULYN WI	ALSH	_ ondings /		
STREET ADDRESS 104 SUNSHINE BLVD. CITY-ST-ZIP ROYAL PAIN REACH EL 33411		STREET ADDRESS	168	PARDR	0-1/11	_		
TO TO		CITY-ST-ZIP		42 PALM	BEACH	PL33	411	
NAME ZURICK, JEFFERY	☐ Delete	) TITLE NAME	TD	REY ZWI	CH	Change	☐ Addition	
STREET ADDRESS 220 PAC DRIVE		STREET ADDRESS	-	CARDA	CIC			
CITY-ST-ZIP ROYAL PALM BEACH FL 33411		CITY-ST-Z!P	ROY	ALPAZIN	BEACH	. <i>A</i> 33	411	
TITLE D	- Belete 🖈	TITLE	MIR	IAM HOLL	LIDAY	☐ Change	Addition	
NAME MICHAEL GAFTIN STREET ADDRESS 242 PAR DR		NAME	160	PARDE	·	•		
	EH,FL33411	STREET ADDRESS CITY-ST-ZIP	ROY	AZPALI	NOTE	75	34-//	
12. Thereby certify that the information supplied with the	nis filing does not qualify for th	e everation state	ted in Sect	ion 110 07/0/0 Ft-	do Ptok :: : : : :	a a sulf of the control	<del></del>	
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 chapter is the property of the property o								
changed, or on an attachment with an address, with all other like empowered.								