

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

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

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

DOCUMENT # 760962

1. Entity 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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

C/O ACCOUNTING CONCEPTS

3. Mailing Address

C/O ACCOUNTING CONCEPTS

Suite, Apt. #, etc.

155 SARATOGA BLVD E

Suite, Apt. #, etc.

155 SARATOGA BLVD E

City & State

ROYAL PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

US

Zip

33411

Country

US

4. FEI Number **59-2638025**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ACCOUNTING CONCEPTS OF S FL, INC
Street Address (P.O. Box Number is Not Acceptable)
155 SARATOGA BLVD E
1
City
ROYAL PALM BEACH FL Zip Code
33411

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

FILE NOW: FEE IS \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
SD	FERRIN, MILDRED	155 LOVE CRESCENT	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
PD	GEIDE, RICHARD	143 PAR DRIVE	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
VD	MICHAELSON, ELAINE	212 PAR DR.	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
D	DONELY, BETTY	104 SUNSHINE BLVD.	ROYAL PALM BEACH FL 33411	<input checked="" type="checkbox"/>
TD	ZURICK, JEFFERY	220 PAC DRIVE	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
D	MICHAEL GAFFIN	242 PAR DR	ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MILDRED FERRIN	155 LOVE CRESCENT	ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GEIDE, RICHARD	143 PAR DR	ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	ELAINE MICHAELSON	212 PAR DR	ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	MARILYN WALSH	168 PAR DR	ROYAL PALM BEACH, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	JEFFREY ZWICK	220 PAC DR	ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MIRIAM HOLLIDAY	160 PAR DR	ROYAL PALM BEACH, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: **TERRI M NAPOLITANO**

2/13/03 **561**
310 4870

CR2E037 (10/02)