

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 050 ****61.25

DOCUMENT # N00000002493 1. Entity Name LANCASTER NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702			Mailing Address 16105 N. FLORIDA, SUITE A LUTZ, FL 33549		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3696865				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVE 220 S. FRANKLIN TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAT, MARK 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAETANO, JOSEPH 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOGLER, MATT 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAIN, SEEMA 16105 N. FLORIDA #A LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAIN, SEEMA 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD PARRISH, ROBERT 16105 N. FLORIDA #A LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APTE, MARK 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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: _____			MARK SLOAT 3/15/07 813-744-3555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					