

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002493

FILED
Mar 08, 2009
Secretary of State

Entity Name: LANCASTER NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

New Principal Place of Business:

16105 N. FLORIDA
SUITE A
LUTZ, FL 33549

Current Mailing Address:

16105 N. FLORIDA, SUITE A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3696865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVE
1801 N HIGHLAND AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLOAT, MARK
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VPD () Delete
Name: CAETANO, JOSEPH
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: PARRISH, ROBERT
Address: 16105 N FLORIDA AVENUE, #A
City-St-Zip: LUTZ, FL 33649

Title: TD () Delete
Name: JAIN, SEEMA
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: APTE, MARK
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JAIN, SANJIV
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: APTE, MANOHAR
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SLOAT

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

Date