



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90168 038 ****61.25

DOCUMENT # N00000005700 1. Entity Name LANTANA IN OLD NAPLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 388 FIFTH AVENUE SOUTH NAPLES, FL 34102 US		Mailing Address 388 FIFTH AVENUE SOUTH NAPLES, FL 34102 US			
2. Principal Place of Business 395 4TH AVE. S. Suite, Apt. #, etc.		3. Mailing Address C/O PUTNAM MGMT 792 94 AVE. N. Suite, Apt. #, etc.		40003101 	
City & State NAPLES FL.		City & State NAPLES, FL.		4. FEI Number 59-3618726	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, ARTHUR SR. 388 FIFTH AVENUE SOUTH NAPLES, FL 34102				7. Name and Address of New Registered Agent Name PUTNAM, DAVID Street Address (P.O. Box Number is Not Acceptable) 792 94 AVE. N. City NAPLES, FL. Zip Code 34108	
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 <u><i>David Putnam</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/26/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	D P SPEARS, PETER 395 FOURTH AVENUE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O S/T MENNIE, CHERYL 9485 GULF SHORE BOULEVARD NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WHITE, ARTHUR SR. 388 FIFTH AVENUE SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PREVITI, VINCENT 2104 S. CATALINA SPRINGFIELD, MO. 65804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Arthur White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/26/06</u> Daytime Phone # <u>603 964 4220</u>		