

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90037 021 ****61.25

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DOCUMENT # N03099

1. Corporation Name

LANTANA AIRPARK USERS ASSOCIATION, INC.

Principal Place of Business

2633 W LANTANA RD
SUITE 8
LANTANA FL 33462

Mailing Address

2633 W LANTANA RD
SUITE 8
LANTANA FL 33462

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/16/1984

4. FEI Number

59-2409775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SYKES, WALTER C.
906 N. SWINTON AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
SYKES, WALTER C.
STREET ADDRESS **906 SWINTON AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **VD**
HAROLD, GILMORE
STREET ADDRESS **7020 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE ☐ DELETE

NAME **STD**
FRICK, PAT
STREET ADDRESS **5880 N OCEAN DRIVE**
CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE ☐ DELETE

NAME **D**
MILLER, HAROLD
STREET ADDRESS **166 LUCINA DRIVE**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE ☒ DELETE

NAME **D**
FRICK, WILLIAM
STREET ADDRESS **5880 N. OCEAN DRIVE**
CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE ☐ DELETE

NAME **D**
BASSETT, FORD
STREET ADDRESS **140 GREENBRIAR DR.**
CITY-ST-ZIP **PALM SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D KAREN C. MILLER
166 LUCINA DRIVE
HYPOLUXO FLA

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIC **W.C. Sykes** **4/26/99** **501** **586 4446**

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