

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90020 047 ****61.25

DOCUMENT # N04000006763

1. Entity Name

LANTANA CHANCELLOR ELEMENTARY PTO, INC.



Principal Place of Business

600 S. EAST COAST AVENUE
LANTANA FL 33462

Mailing Address

600 S. EAST COAST AVENUE
LANTANA FL 33462

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

4



1st MOORE

CR2E037 (10/07)

4. FEI Number

80-0115037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOXTER, JOAN
600 S. EAST COAST AVENUE
LANTANA FL 33426

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

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

Due By May 1, 2008

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 **P** ☐ Delete
NAME **LEISER, THERESA**
STREET ADDRESS **600 S. EAST COAST AVENUE**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **VP** ☒ Delete
NAME **COLLINS, TRACEY**
STREET ADDRESS **600 SE COAST AVE.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **S** ☐ Delete
NAME **WATERMAN, CONNIE**
STREET ADDRESS **600 SE COAST AVE.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **T** ☐ Delete
NAME **LEE, SHAWN**
STREET ADDRESS **600 SE COAST AVE.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Kelly Pena**
STREET ADDRESS **600 S. East Coast Ave.**
CITY-ST-ZIP **Lantana FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shawn Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

561-585-1189