

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

03-21-2005 90101 019 ****61.25

66020625



1st MOORE CR2E037 (10/04)

DOCUMENT # N04000006906

1. Entity Name

**SHIP'S LANTERN RESORT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1460 S MCCALL RD SUITE 4-F
ENGLEWOOD FL 34223**

Mailing Address

**1460 S MCCALL RD SUITE 4-F
ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0002781

Applied For

Not Applicable

6. 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

**MCLENNON, THOMAS P
1460 S MCCALL RD SUITE 4-F
ENGLEWOOD FL 34223**

Name

**Dean Hanowinkel, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2650 South McCall Road**

City

Englewood

FL

Zip Code
34224

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 of Thomas P. McLennon]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/05

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	CACCAVELLA, DOMINICK	
STREET ADDRESS	9 ORCHID STREET	
CITY- ST- ZIP	EDISON NJ 08820	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOCHIATTO, VITO	
STREET ADDRESS	9 ORCHID COURT	
CITY- ST- ZIP	EDISON NJ 08820	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CASTELLANOS, LOUIS	
STREET ADDRESS	9 ORCHID COURT	
CITY- ST- ZIP	EDISON NJ 08820	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. 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 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 life empowered.

SIGNATURE:

[Signature of Dominick Caccavella]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05