

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90004 035 ****61.25

DOCUMENT # N04000010497 1. Entity Name LANCASTER GLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 799 S. 6TH STREET MACLENNY, FL 32063 US			Mailing Address 799 S. 6TH STREET MACLENNY, FL 32063 US		
2. Principal Place of Business - No P.O. Box # 4991 CREEK ROAD		3. Mailing Address P.O. BOX 718			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GLEN ST. MARY FL		City & State Glen St Mary, FL		4. FEI Number 47-0910589	
Zip 32040		Country BAKER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNZI, VICKY 9991 CREEK ROAD GLEN ST. MARY, FL 32040		7. Name and Address of New Registered Agent 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: <i>Vicky & Kunzi</i> DATE: 2.14.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P KUNZI, VICKY 9991 CREEK ROAD GLEN ST MARY, FL 32040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCDONALD, STEPHANIE 9115 SILVER MAPLE RD GLEN ST MARY, FL 32040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIS, JERRY A 799 S. 6TH STREET MACLENNY, FL 32063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, RYKER 799 S. 6TH STREET MACLENNY, FL 32063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWYER, JEFFREY W 799 S. 6TH STREET MACLENNY, FL 32063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Vicky & Kunzi</i>		Date: 2.14.08		Daytime Phone #: 259-9406	