


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90223 010 \*\*\*\*61.25

<b>DOCUMENT # N07557</b> 1. Entity Name <b>LANCA HOMEOWNERS, INC.</b>					
Principal Place of Business <b>6452 BULA ALEX TRAIL</b> <b>LANTANA, FL 33462 US</b>			Mailing Address <b>6452 BULA ALEX TRAIL</b> <b>LANTANA, FL 33462 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>59-2757969</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					Applied For <input type="checkbox"/> Not Applicable
<b>6. Name and Address of Current Registered Agent</b>  <b>BUTLER, DOROTHY</b> <b>6450 LO BOS CAY DR</b> <b>LANTANA, FL 33462</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>FRANKEL, DOROTHY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3229 E. NEW PROVIDENCE ROAD</b> City <b>LANTANA</b> <b>FL</b> Zip Code <b>33462</b>		
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: <b>DOROTHY FRANKEL, SECRETARY</b> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINTERH, GEORGE 3260 SO. LAKE CASCADE BLVD. LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITA ROWETT 3067 CROOKED CAY CT. LANTANA, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINNERTY, JOHN 3075 E. NEW PLOV DENCE ROAD LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN CANALE 6447 HOG CAY TRAIL LANTANA, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIMNERER, A. 6397 GRODA CAR TERR. LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOROTHY BUTLER 6450 LOBOS CAY LANTANA, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAMSEL, DOROTHY 3229 E NEW PROVIDENCE RD LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOROTHY FRANKEL 3229 E. NEW PROVIDENCE ROAD LANTANA, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, DOROTHY 6450 LOSBOS CAY DR LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIET COHEN 6420 S. ADDERLY CAY LANTANA, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMACIOTTI, RUTH 6465 DOLLY CAY 55 LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RITA CASALE 6465 S. ADDERLY CAY LANTANA, FL. 33462	<input checked="" 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: <i>Dorothy Frankel</i> DOROTHY FRANKEL/SECRETARY 4/24/06 968-5865 (561) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					