


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90213 012 ****61.25

DOCUMENT # N07557 1. Entity Name LANCA HOMEOWNERS, INC.					
Principal Place of Business 6452 BULA ALEX TRAIL LANTANA, FL 33462 US			Mailing Address 6452 BULA ALEX TRAIL LANTANA, FL 33462 US		
2. Principal Place of Business - No P.O. Box # 3229 E. NEW PROV. RD.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LANTANA, FL 33462 US		City & State		4. FEI Number 59-2757969	
Zip 33462		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKEL, DOROTHY 3229 E. NEW PRONIENCE ROAD LANTANA, FL 33462			7. Name and Address of New Registered Agent Name DOROTHY FRANKEL Street Address (P.O. Box Number is Not Acceptable) 3229 E. NEW PROVIDENCE RD. City LANTANA FL Zip Code 33462		
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 DOROTHY FRANKEL, SECRETARY <i>Dorothy Frankel</i> 4-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 ROWETT, RITA <input type="checkbox"/> Delete 3067 CROOKED CAY CT LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANALE, ANN <input checked="" type="checkbox"/> Delete 6447 HOG CAY TRAIL LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASALE, RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6465 S. ADDERLY CAY LANTANA, FL. 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, DOROTHY <input type="checkbox"/> Delete 6450 LOBOS CAY LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANKEL, DOROTHY <input type="checkbox"/> Delete 3229 E. NEW PROVIDENCE ROAD LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, HARRIET <input type="checkbox"/> Delete 6420 S. ADDERLY CAY LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHYLIS KRUTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6353 BULA ALEX CAY RD. LANTANA, FL. 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASALE, RITA <input checked="" type="checkbox"/> Delete 6465 S. ADDERLY CAY LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELEZ, JERRY, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3330 W. SAN SALVADORE LANTANA, FL. 33462	
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: SECRETARY, DOROTHY FRANKEL <i>Dorothy Frankel</i>			4-10-07		(561) 968-5865
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>