


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90033 025 ****61.25

DOCUMENT # N16217 1. Entity Name THE LANCEFORD CREEK PLANTATION ASSOCIATION, INC.					
Principal Place of Business 96264 HEATH POINT LN FERNANDINA BEACH, FL 32034 US			Mailing Address 96264 HEATH POINT LN FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business <input checked="" type="checkbox"/> Suite, Apt. #, etc.		3. Mailing Address <input checked="" type="checkbox"/> Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
City & State		City & State		4. FEI Number 59-2858683 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent DUNN, ERVIN E 96264 HEATH POINT LN FERNANDINA BEACH, FL 32034			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 _____ <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, 2005		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 PD NAME DAVIS, RAY STREET ADDRESS 46034 LANCEFORD LANE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Milana, Francesco. STREET ADDRESS 96022 Heath Point Lane CITY-ST-ZIP Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MCALLISTER, WAYLAND STREET ADDRESS 4033 HEATH POINT LANE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE D NAME Anderson, Tom. STREET ADDRESS 96148 HEATH POINT LANE CITY-ST-ZIP Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MILANA, FRANCESCO STREET ADDRESS 96264 HEATH POINT LN CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE S NAME MCALLISTER, WAYLAND. STREET ADDRESS 96240 HEATH POINT LANE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STEWART, MARIA STREET ADDRESS 96147 LANCE FORD LN CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COLLINS, TERRANCE STREET ADDRESS 96065 NORTH POINT LANE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DUNN, ERVIN E STREET ADDRESS 96264 HEATH POINT LN CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u>Ervin E. Dunn</u> ERVIN E. DUNN 01 FEB 05 904 272 4953 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					