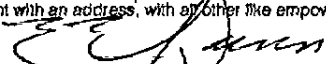


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DUNN, ERVIN E 96264 HEATH POINT LN FERNANDINA BEACH, FL 32034		DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILANA, FRANCESCO 96022 HEATH POINT LANE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCALLISTER, WAYLAND 4033 HEATH POINT LANE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCALLISTER, WAYLAND 96148 HEATH POINT LANE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, TOM 96148 HEATH POINT LANE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TERRANCE 96065 NORTH POINT LANE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, ERVIN E 96264 HEATH POINT LN FERNANDINA BEACH, FL 32034	
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 another like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		30 Jan 2006 904277-4953 Date Daytime Phone #