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	Mailing Address
96264 HEATH POINT LN FERNANDINA BEACH, FL 32034 US	96264 HEATH POINT LN FERNANDINA BEACH, FL 32034 US

01302008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2858683
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, ERVIN E
96264 HEATH POINT LN
FERNANDINA BEACH, FL 32034

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
TITLE	PD
NAME	MILANA, FRANCESCO
STREET ADDRESS	96022 HEATH POINT LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	TD
NAME	MCALLISTER, WAYLAND
STREET ADDRESS	4033 HEATH POINT LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	S
NAME	MCALLISTER, WAYLAND
STREET ADDRESS	95148 HEATH POINT LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	ANDERSON, TOM
STREET ADDRESS	95148 HEATH POINT LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	COLLINS, TERRANCE
STREET ADDRESS	96065 NORTH POINT LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	T
NAME	DUNN, ERVIN E
STREET ADDRESS	96264 HEATH POINT LN
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

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02/09/06-80022-018 61.25

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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: E E Dunn 30 Jan 2006 904277-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #