

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90031 019 ****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 - No P.O. Box # 96257 HEATH POINT LANE Suite, Apt. #, etc.		3. Mailing Address PO BOX 15496 Suite, Apt. #, etc.			
City & State FERNANDINA BEACH FL		City & State FERNANDINA BEACH, FL		4. FEI Number 59-2858683	
Zip 32034		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: BAZAR, SHEILA Street Address (P.O. Box Number is Not Acceptable): 96257 HEATH POINT LANE City: FERNANDINA BEACH FL Zip Code: 32034		
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: SHEILA BAZAR 2/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 MILANA, FRANCESCO	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME MCALLISTER, WAYLAND
STREET ADDRESS 96022 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034		STREET ADDRESS 96240 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH FL 32034	
TITLE TD	NAME MCALLISTER, WAYLAND	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PURDUE, NORMAN
STREET ADDRESS 4033 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034		STREET ADDRESS 96227 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE S	NAME MCALLISTER, WAYLAND	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME BAZAR, SHEILA
STREET ADDRESS 96148 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034		STREET ADDRESS 96257 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE D	NAME ANDERSON, TOM	<input type="checkbox"/> Delete NO CHANGE	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME MILANA, FRANCESCO
STREET ADDRESS 96148 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034		STREET ADDRESS 96022 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE D	NAME COLLINS, TERRANCE	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME BAZAR, WAYNE
STREET ADDRESS 96065 NORTH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034		STREET ADDRESS 96257 HEATH POINT LANE	CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE T	NAME DUNN, ERVIN E	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 96264 HEATH POINT LN	CITY-ST-ZIP FERNANDINA BEACH, FL 32034		STREET ADDRESS 	CITY-ST-ZIP 	
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:			2/9/07 904-491-6008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					