

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N16217

1. Entity Name
**THE LANCEFORD CREEK PLANTATION ASSOCIATION,
INC.**



Principal Place of Business
**96257 HEATH POINT LN
FERNANDINA BEACH, FL 32034 US**

Mailing Address
**P.O. BOX 15496
FERNANDINA BEACH, FL 32035 US**



02032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2858683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAZAR, SHEILA
96257 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

Sheila Bazar

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCALLISTER, WAYLAND
STREET ADDRESS	96240 HEATH POINT LN
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	V
NAME	PURDUE, NORMAN
STREET ADDRESS	96227 HATH POINT LN
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	T
NAME	BAZAR, SHEILA
STREET ADDRESS	96257 HEATH POINT LN
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	ANDERSON, TOM
STREET ADDRESS	96148 HEATH POINT LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	BAZAR, WAYNE
STREET ADDRESS	96257 HEATH POINT LN
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80022-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Sheila Bazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-08 904-491-6008

Daytime Phone #