

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16217

FILED
Feb 05, 2009
Secretary of State

Entity Name: THE LANCEFORD CREEK PLANTATION ASSOCIATION, INC.

Current Principal Place of Business:

96257 HEATH POINT LN
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15496
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

FEI Number: 59-2858683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAZAR, SHEILA
96257 HEATH POINT LN
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCALLISTER, WAYLAND
Address: 96240 HEATH POINT LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V () Delete
Name: PURDUE, NORMAN
Address: 96227 HATH POINT LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: BAZAR, SHEILA
Address: 96257 HEATH POINT LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ANDERSON, TOM
Address: 96148 HEATH POINT LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: BAZAR, WAYNE
Address: 96257 HEATH POINT LN
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LOPIANO, SUE
Address: 96189 HEATH POINT LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALIENDO, SANDY
Address: 96083 HEATH POINT LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D (X) Change () Addition
Name: THOMAS, DAN
Address: 96148 HEATH POINT LN
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA W BAZAR

T

02/05/2009

Electronic Signature of Signing Officer or Director

Date