


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90064 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17113					
1. Corporation Name LANCASTER I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-4351			Mailing Address 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-4351		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2812751	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GREENE, ROBERT E C/O FLORIDA LIFESTYLE MANAGEMENT SUN CITY CENTER FL 33573				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOLOMON, IRV			1.2 NAME	JACK HALPERT		
STREET ADDRESS	2301 LANCASTER DR			1.3 STREET ADDRESS	2407 LANCASTER DR.		
CITY-ST-ZIP	SUN CITY CENTER FL			1.4 CITY-ST-ZIP	SUN CITY CENTER FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPANGARD, ROBERT			2.2 NAME	HAROLD PRICE		
STREET ADDRESS	2506 LANCASTER DRIVE			2.3 STREET ADDRESS	2417 LANCASTER DR		
CITY-ST-ZIP	SUN CITY CENTER FL			2.4 CITY-ST-ZIP	SUN CITY CENTER, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RISLET, HELEN			3.2 NAME	MARJORIE BEDNER		
STREET ADDRESS	2431 LANCASTER DRIVE			3.3 STREET ADDRESS	2411 LANCASTER DR.		
CITY-ST-ZIP	SUN CITY CENTER FL			3.4 CITY-ST-ZIP	SUN CITY CENTER FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEVERT, EDWARD			4.2 NAME	HELEN RIBLET		
STREET ADDRESS	2408 LANCASTER DRIVE			4.3 STREET ADDRESS	2431 LANCASTER DR		
CITY-ST-ZIP	SUN CITY CENTER FL			4.4 CITY-ST-ZIP	SUN CITY CENTER, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKEITHAN, BARBARA			5.2 NAME	HARRY SOLLAS		
STREET ADDRESS	2506 LAMBDIN DRIVE			5.3 STREET ADDRESS	1417 LAMBLEY DR.		
CITY-ST-ZIP	SUN CITY CENTER FL			5.4 CITY-ST-ZIP	SUN CITY CENTER, FL		
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EINHORN, LOU			6.2 NAME			
STREET ADDRESS	2708 LANCASTER DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF IRV SOLOMON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

813-634-4514

Daytime Phone #

CR2E037 (11/98)