

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90360 047 ****61.25

DOCUMENT # N17113



1. Entity Name
LANCASTER I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**723 IMAR DR
SUN CITY CENTER, FL 33573-4351**

Mailing Address
**723 IMAR DR
SUN CITY CENTER, FL 33573-4351**



2. Principal Place of Business Mailing Address
Suite, Apt. #, etc. *******New Address*******
1701-B Rickenbacker Drive
City & State **Sun City Center, FL 33573**
Zip _____ Country _____

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2812751** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE FURIO, JAMES R ESQ
101 E. KENNEDY BLVD.
SUITE 1030
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name _____
Street Ad. **James R. Defurio, Esquire**
101 E. Kennedy Blvd. Suite 3000
City **Tampa, FL 33602** State _____

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARJARIĆ, BIDMER	
STREET ADDRESS	2411 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EINHORN, LOU	
STREET ADDRESS	2708 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRAMER, JOAN	
STREET ADDRESS	2408 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, HAROLD	
STREET ADDRESS	2417 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATON, MARY	
STREET ADDRESS	2504 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONAGHAN, JAMES	
STREET ADDRESS	2708 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bedner, Marjorie	
STREET ADDRESS	2411 Lancaster Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riblen, Helen	
STREET ADDRESS	2431 Lancaster Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bergman, Marlayne	
STREET ADDRESS	2302 Lancaster Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vogelsang, John	
STREET ADDRESS	2322 Lancaster Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04