

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17822

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** LANTANA HOMES HOMEOWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

5630 AURORA CT  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 542331  
LAKE WORTH, FL 334542331 US

**New Mailing Address:**

**FEI Number:** 65-0035067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHN SHEPPARD/DICKER, KRIVOK & STOLOFF  
1818 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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: PD  
Name: COX, WILLIAM  
Address: P O BOX 542331  
City-St-Zip: LAKE WORTH, FL 334542331

Title: T  
Name: COX, DARLENE  
Address: PO BOX 542331  
City-St-Zip: LAKE WORTH, FL 334542331

Title: D  
Name: JONES, EMA  
Address: P O BOX 542331  
City-St-Zip: LAKE WORTH, FL 334542331

Title: SD  
Name: CALDSRERA, TY  
Address: PO BOX 542331  
City-St-Zip: LAKE WORTH, FL 334542331

Title: D  
Name: STATON, MARY  
Address: PO BOX 542331  
City-St-Zip: LAKE WORTH, FL 334542331

Title: VD  
Name: NORRIS, CHRIS  
Address: PO BOX 542331  
City-St-Zip: LAKE WORTH, FL 224542331

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM COX

PD

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date