

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90079 018 \*\*\*\*61.25

<b>DOCUMENT # N19084</b> 1. Entity Name <b>LANCASTER II CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>STERLING MANAGEMENT, INC.</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER, FL 33573</b>		Mailing Address <b>STERLING MANAGEMENT, INC.</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER, FL 33573</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Su <b>Sterling Management</b> <b>1904 Clubhouse Drive</b> Ci <b>Sun City Center, FL 33573</b> Zi		#, etc. te Country	
4. FEI Number <b>59-2876551</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEFURIO, JAMES R ESQUIRE</b> <b>201 E KENNEDY BLVD</b> <b>STE 1460</b> <b>TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, DICK 1414 LELAND DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. clark imhof 1622 layton court sun city center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOOKS, EUGENE 1528 LELAND DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ted paupresse 1622 Leland Drive. Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMHOF, CLAIRE 1622 LAYTON CT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Carl Hirnaisen 1413 Leland Drive. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLSON, ELIZABETH 1407 LELAND DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUBRESSE, TED 1622 LELAND DR SUN CITY CENTER, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHTERS, WALTER 1413 LELAND DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>Richard W Rose</i> - PRES		3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	