


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 004 ****61.25

DOCUMENT # N26011 1. Entity Name LANTANA LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1835 N 3RD STREET MARVIN REAL ESTATE JACKSONVILLE BEACH, FL 32250			Mailing Address PO BOX 330026 MARVIN REAL ESTATE ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address P.O. Box 330026 Suite, Apt. #, etc.			
City & State Atlantic Beach FL		City & State Atlantic Beach FL		4. FEI Number 59-3221732	
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Marvin & Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233	
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 Marvin & Floyd Realty Inc Sonia M. Olan DATE 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FADER, CAROLE 2987 LANTANA LAKES DR. E JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Martin, John 10534 Braamsedge Court Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADEN, DEBORAH A 2668 LANTANA LAKES DR. W JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Haworth, William 10504 Diamond Oak Court Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, JEWEL F 10526 RUNNING OAK CT JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODS, ROBERT 2727 LANTANA LAKES DR E. JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Maren Floyd Maren Floyd, Manager <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-25-07 (904) 249-8599 <small>Date Daytime Phone #</small>	