


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State


03-23-2007 90034 003 ****61.25

DOCUMENT # N35850	
1. Entity Name	
LANIKAI VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
320 S. OCEAN BLVD. 320 S OCEAN BLVD DELRAY BEACH FL 33483 US	320 S. OCEAN BLVD. 320 S OCEAN BLVD DELRAY BEACH FL 33483 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Country	Zip
Country	Zip

	
1st MOORE	CR2E037 (10/06)
4. FEI Number	Applied For
NO-T APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHMIDT, LAWRENCE S 320 S OCEAN BLVD DELRAY BEACH FL 33483	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: 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	TD	TITLE	PRESIDENT.
NAME	GILCHRIST, JANET	NAME	
STREET ADDRESS	320 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SCHMIDT, LAWRENCE	NAME	
STREET ADDRESS	320 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	D	TITLE	TD
NAME	FLOCKENZIER, JEAN	NAME	
STREET ADDRESS	320 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	SD	TITLE	SD
NAME	VON EITZEN, ANDREW	NAME	VON EITZEN, ANDREA
STREET ADDRESS	320 S OCEAN BLVD	STREET ADDRESS	320 S. OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	VPD	TITLE	
NAME	CARDI, TONY	NAME	
STREET ADDRESS	320 S. OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33423	CITY-ST-ZIP	
TITLE		TITLE	DESPARROW
NAME		NAME	ROBERTS, CHRISTOPHER
STREET ADDRESS		STREET ADDRESS	320 S. OCEAN BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BEACH FL 33483

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Janet Gilchrist</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
	JANET GILCHRIST, president 3/19/07 561-272-2617