


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 047 ****61.25

DOCUMENT # N36202 1. Entity Name LANCASTER IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO, PA 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$61.25 Due by May 1, 2006		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 GEORGE, NICK 1202 LITCHFIELD DRIVE SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kubiak, Jim 2527 Lynx Rd. Sun City Center, FL 33573	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THORTON, LESTER 2505 LYNX ROAD SUN CITY CENTER, FL 33573		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	TD CHARBONNEAU, JANE 2527 LYNX RD SUN CITY CENTER, FL 33573		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	D RIOS, ROBERT 1210 LITCHFIELD DRIVE SUN CITY CENTER, FL 33573		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	SD PREMETS, AUDREY 2521 LYNX ROAD SUN CITY CENTER, FL 33573		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	D CONNELLY, CHARLOTTE 2504 LYNX ROAD SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<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: <i>Nicholas George</i> 10 March 06 813 634 7320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					