

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005599 (3)**

1. Corporation Name

GOLDEN LANTERN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7950 PARK BOULEVARD NORTH, #171
PINELLAS PARK FL 34685**

**7950 PARK BOULEVARD NORTH, #171
PINELLAS PARK FL 33781-3766**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/01/1996

3a. Date of Last Report

4. FEI Number

59-3428339

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**ALLEN, JOHN T JR.
4508 CENTRAL AVENUE
ST. PETERSBURG FL 33711**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, CAROLYN	
STREET ADDRESS	7950 PARK BOULEVARD NORTH, #171	
CITY-ST-ZIP	PINELLAS PARK FL 34685	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAVERE, DEBBIE	
STREET ADDRESS	7950 PARK BOULEVARD NORTH, #173	
CITY-ST-ZIP	PINELLAS PARK FL 34685	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, NORMA	
STREET ADDRESS	7950 PARK BOULEVARD NORTH, #107	
CITY-ST-ZIP	PINELLAS PARK FL 34685	

TITLE	TO	<input type="checkbox"/> DELETE
NAME	HORTON, DEE ANN	
STREET ADDRESS	7950 PARK BOULEVARD NORTH, #148	
CITY-ST-ZIP	PINELLAS PARK FL 34685	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LATTERI, SALLY	
STREET ADDRESS	7950 PARK BOULEVARD NORTH, #65	
CITY-ST-ZIP	PINELLAS PARK FL 34685	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Montanaro, Mike	
1.3 STREET ADDRESS	7950 Park Blvd #144	
1.4 CITY-ST-ZIP	Pinellas Park, FL 33781	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/97

Daytime Phone # **0052173**

CR2E037 (9/96)