2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004698

1. Entity Name
LANTANA PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6745 ENGLE RD., STE. 300 MIDDLEBURG HEIGHTS, OH 44130	6745 ENGLE RD., STE. 300 MIDDLEBURG HEIGHTS, OH 44130

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
34-1908549
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000480101
04/10/06-88029-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	AMSDELL, ROBERT J
STREET ADDRESS	6745 ENGLE RD., STE. 300
CITY-ST-ZIP	MIDDLEBURG HEIGHTS, OH 44130
TITLE	VPD
NAME	AMSDELL, BARRY L
STREET ADDRESS	6745 ENGLE RD., STE. 300
CITY-ST-ZIP	MIDDLEBURG HEIGHTS, OH 44130
TITLE	SD
NAME	AMSDELL, TODD C
STREET ADDRESS	6745 ENGLE ROAD, SUITE 300
CITY-ST-ZIP	MIDDLEBURG HEIGHTS, OH 44130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/14/06 440-234-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #