
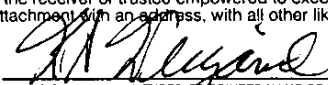


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90088 001 ****61.25

DOCUMENT # N99000004698 1. Entity Name LANTANA PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 6745 ENGLE RD., STE. 300 MIDDLEBURG HEIGHTS, OH 44130		Mailing Address 6745 ENGLE RD., STE. 300 MIDDLEBURG HEIGHTS, OH 44130	
2. Principal Place of Business - No P.O. Box # 50 Public Square		3. Mailing Address 50 Public Square	
Suite, Apt. #, etc. Suite 2800		Suite, Apt. #, etc. Suite 2800	
City & State Cleveland, OH		City & State Cleveland, OH	
Zip 44113		Zip 44113	
Country 		Country 	
4. FEI Number 34-1908549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		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, 2008		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 JERNIGAN, DEAN 6745 ENGLE RD., STE. 300 CLEVELAND, OH 44130 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 50 Public Square, Suite 2800 Cleveland OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARR, CHRISTOPHER P 6745 ENGLE RD., STE. 300 CLEVELAND, OH 44130 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 50 Public Square, Suite 2800 Cleveland, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYRELL, DOUG 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 50 Public Square, Suite 2800 Cleveland, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIGAND, KATHLEEN A 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 50 Public Square, Suite 2800 Cleveland, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, TIMOTHY M 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 50 Public Square, Suite 2800 Cleveland, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/17/08 Daytime Phone # 216-274-1340	

Kathleen A. Weigand