## **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 # N990	JUUUU4698
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Principal Place of Business

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



Mailing Address

40070000

MIDDLEBURG HEIGHTS, OH 44130  MIDDLEBURG HEIGHTS, OH 44130  MIDDLEBURG HEIGHTS, OH 44130												
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address										
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Suite, Apt.		Suite, Apt. #, etc.				04072008	Cha	ND	CD2	E027	(12/06)	
Suite 2800 Suite 2-80		50	6		0.072000	City	-INF	URZ	.CU31	(12/00)		
City & State	e	City & State				4. FEI Numbe						oplied For
Cleveland, OH Clev		Clevelonz	welenz. OH			34-190	8549				1	lot Applicable
Zip Yu	Zip 44113	Country			5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name and Address of Current Re	gistered Agent				7. Name and	Addre	ss of New	Register	ed Ag	ent	
				Name								
	ORATION SYSTEM		-	Ctroot Ad	Idraca (C	O Boy Number	or in No	t Assental	Na\			
	NE ISLAND RD.			Street Au	idress (F	O. Box Numbi	er is inu	і Ассеріаі	Jie)			
PLANIAII	ION, FL 33324										-	
				City					F	FL	Zip Co	de
8. The above	named entity submits this statement for th	e purpose of changing its re	egistered	d office or r	registere	ed agent, or bot	th, in the	e State of F	lorida. I	am la	niliar with	, and accept
the obligat	tions of registered agent.											
SIGNATURE .												
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered A	Agent signatur	re required o	when reinstating)			DA	TE		
		9. Election Camp						***	Make ch		سخ في	
										mork :		
	Filing Fee is \$61.25 Due by May 1, 2008	Trust Fund Co				\$5.00 May B Added to Fees	se t	Flu	orida De	partn	nent of !	
40	Due by May 1, 2008	Trust Fund Co	ontributio			Added to Fees	0.5	Flo	orida De	partn	nent of	State
10.	OFFICERS AND DIREC	Trust Fund Co	ntribution				0.5	Flo	orida De	partn D DIRE	CTORS	N 10
TITLE	OFFICERS AND DIRECT	Trust Fund Co	11.			Added to Fees	0.5	Flo	orida De	partn D DIRE	nent of	State
TITLE NAME	OFFICERS AND DIRECT PD JERNIGAN, DEAN	Trust Fund Co	11. TITLE NAME	in. [	A	Added to Fees	ANGES	TO OFFIC	ERS AND	partn D DIRE	CTORS I	N 10
TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIRECT PD  JERNIGAN, DEAN 6745 ENGLE RD., STE. 300	Trust Fund Co	11. TITLE NAME STREET	T ADDRESS	□ ^ ≲○ (	Added to Fees DDITIONS/CH	اءً ANGES خارہـ ن	TO OFFIC	ERS AND	partn D DIRE	CTORS I	N 10
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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 sign an exemptions, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

216-274-1340

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