## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19084

Entity Name: LANCASTER II CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 07, 2024
Secretary of State
7179442135CC

## **Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573

## **Current Mailing Address:**

FIRST SERVICE RESIDENTIAL 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573 US

FEI Number: 59-2876551 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

APPLETON REISS 215 N HOWARD AVE SUITE 200 TAMPA, FL 33606 US

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.

SIGNATURE: ERIC APPLETON 03/07/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VF

Name GROVE, DONNA Name WILSON, RICHARD

Address 1070 TWIN LAKES ROAD Address PO BOX 5950

City-State-Zip: LEWISBERRY PA 17339 City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER Title DIRECTOR

Name SUMPTER, ANNETTE Name MCDONALD, SHARON

Address 1412 LELAND DR Address 1601 LELAND DR

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY Title DIRECTOR

Name BISHOP, ANNA MARIE Name JOBIN, RAYMOND
Address 1416 LELAND DR Address 1422 LELAND DR

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR

Name HEEKIN, JAMES

Address 1514 LELAND DR

City-State-Zip: SUN CITY CENTER FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA GROVE PRESIDENT 03/07/2024