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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name 700686

(9)

EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORAT

EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORATED								
rincipal Place o	of Business	Mailing Address			1 100111 THE 17 PRINT WHITE WITH THE	- -		
7217 KINGSBUI	RY CIRCLE	7217 KINGSBURY CIRCI	LE .					
TAMPA FL 336		TAMPA FL 33610			6 Day have seed on Oralifed	3a. Date	of Last Da	eport
					3. Date Incorporated or Qualified 03/29/1960		/13/199	
Principal Plan	pe of Business	2a. Mailing Address			4. FEI Number		 	plied For
Principal Place of Business 2a. Mailing Address 26				59-1704197		_	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$ 8.75 / Fee Re	Additional equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	ntry	8. This corporation has liability for in	tangible tax	inder s. 1	99.032,
]	25	29	30		Florida Statutes L 10. Name and Address of New Re	Yes W No		
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New Ne	Biornion WA		
				· · · · ·				
HURLEY, LYNN			Ţ	82 Street Addr	ess (P.O. Box Number is Not Acceptable	9)		
7103 KINGSBURY CIRCLE				83				
tampa f	L 33610						==1 ==:	
			1	84 City		FL	85 Zip	Code
		0 and 617 1509 Florida Statut	es the abov	ve-named cornor	ration submits this statement for the purp	soco of chanc	ging its rea	gistered offic
				orporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	intment as re	gistered a	egent. I am
familiar with	h, and accept the obligations of Sec	ction 617.0503, Florida Statutes	5.			2-21		
SIGNATURE _	Them 94	under a conficable (All	TF: Braistered	Agont signaturo require	d when reinstating)	DATE		
	Signature typed or printed name of registered agent and title if applicable U (NOTE R OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
IILE	PD			TLE.			Change	☐ Addition
NAME	STEWART, JACK		1.2 NA	AME .				
STREET ADDRESS	5104 ST. CHARLES PL.		1.3 ST	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610		14 C	TY-ST-ZIP				
TITLE	VD	DELETE		TLE			Change	Addition
NAME	SAFFRI, CAROLINE 6524 WALTON WAY		2.2 N/	AME				
STREET ADDRESS			23 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL 33610	3610		ITY-ST-ZIP			Change	☐ Addition
TITLE	VD	F The ere		TLE		L.] Change	☐ Addition
NAME	JOSLYN, LEROY		3 2 N					
STREET ADDRESS	7214 KINGSBURY CIR.			TREE1 ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610	[] neurze		CITY-SI-ZIP			Change	Addition
TITLE	SD	DELETE	4.1 TI			L	· - · 3 *	
NAME .	HURLEY, LYNN			VAME				
STREET ADDRESS	7103 KINGSBURY CIRCLE			TREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610			ITLE] Change	Addition
TITLE	TD COALT CANDDA			IAME				
NAME	GRANT, SANDRA			STREET ADDRESS				
STREET ADDRESS	6405 WALTON WAY			CITY - ST - ZIP				
CITY-ST-ZIP	IAMPA PL 330 IU	AMPA FL 33610		111LE		[.	Change	Addition
TITLE	1			NAME				
4.4445	1							
NAME								
STREET ADDRESS			6.3 5	STREET ADDRESS	of for the exemption stated in Section 119 rate and that my signature shall have the			