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**Mar 03 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700686 (9)

1. Corporation Name
EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORATED



Principal Place of Business 7217 KINGSBURY CIRCLE TAMPA FL 33610	Mailing Address 7217 KINGSBURY CIRCLE TAMPA FL 33610-5609
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3. Date Incorporated or Qualified 03/29/1960	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1704197	Applied For Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

~~HURLEY, LYNN~~
~~7103 KINGSBURY CIRCLE~~
~~TAMPA FL 33610~~

10. Name and Address of New Registered Agent

81 Name	Caroline Saffri		
82 Street Address (P.O. Box Number is Not Acceptable)	6524 Walton Way		
83			
84 City	Tampa	85 Zip Code	FL 33610

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Caroline Saffri*

Signature: typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEWART, JACK	
STREET ADDRESS	5104 ST. CHARLES PL.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAFFRI, CAROLINE	
STREET ADDRESS	6524 WALTON WAY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOSLYN, LEROY	
STREET ADDRESS	7214 KINGSBURY CIR.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HURLEY, LYNN	
STREET ADDRESS	7103 KINGSBURY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRANT, SANDRA	
STREET ADDRESS	6405 WALTON WAY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Eleanor Wencka
4.4 CITY-ST-ZIP	6617 Travis Blvd. Tampa, FL 33610
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Caroline Saffri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047816

CR2E037 (9/96)