

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date Incorporated or Qualified 03/29/1960	
4. FEI Number 59-1704197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 6524 Walton Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa, FL
Zip 24	Country 30 Hills.

9. Name and Address of Current Registered Agent

**SAFFRI, CAROLINE
6524 WALTON WAY
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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* **CAROLINE SAFFRI** **1-20-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME STEWART, JACK	1.1 TITLE PD
STREET ADDRESS 5104 ST. CHARLES PL.	CITY-ST-ZIP TAMPA FL 33610	1.2 NAME Eddie Creech
		1.3 STREET ADDRESS 6527 Walton Way
		1.4 CITY-ST-ZIP Tampa, FL 33610
TITLE VD	NAME SAFFRI, CAROLINE	2.1 TITLE VD
STREET ADDRESS 6524 WALTON WAY	CITY-ST-ZIP TAMPA FL 33610	2.2 NAME Craig Williams
		2.3 STREET ADDRESS 6501 Walton Way
		2.4 CITY-ST-ZIP Tampa FL 33610
TITLE VD	NAME JOSLYN, LEROY	3.1 TITLE VD
STREET ADDRESS 7214 KINGSBURY CIR.	CITY-ST-ZIP TAMPA FL 33610	3.2 NAME Geri Reese
		3.3 STREET ADDRESS 7204 Trinity Placa
		3.4 CITY-ST-ZIP Tampa, FL 33610
TITLE S	NAME WENCKA, ELEANOR	4.1 TITLE VD
STREET ADDRESS 6617 TRAVIS BLVD	CITY-ST-ZIP TAMPA FL	4.2 NAME John Sprovkin
		4.3 STREET ADDRESS 6811 Spencer Cir.
		4.4 CITY-ST-ZIP Tampa, FL 33610
TITLE TD	NAME GRANT, SANDRA	5.1 TITLE TD
STREET ADDRESS 8405 WALTON WAY	CITY-ST-ZIP TAMPA FL 33610	5.2 NAME 2 Caroline Saffri
		5.3 STREET ADDRESS 6524 Walton Way
		5.4 CITY-ST-ZIP Tampa, FL 33610
TITLE SD	NAME WENCKA, ELEANOR	6.1 TITLE SD
STREET ADDRESS 6617 TRAVIS BLVD.	CITY-ST-ZIP TAMPA FL 33610	6.2 NAME 4 Eleanor Wencka
		6.3 STREET ADDRESS 6617 Travis Blvd.
		6.4 CITY-ST-ZIP Tampa, FL 33610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E037 (10/97)