

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90119 026 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 700686** OK (9)  
 1. Corporation Name  
 East Lake Park Homeowners Civic Club, Inc.

Principal Place of Business Mailing Address  
 7217 Kingsbury Circle 6524 Walton Way  
 Tampa, FL 33610 Tampa, FL 33610

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/29/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1704197
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Saffri, Caroline 6524 Walton Way Tampa, FL 33610		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 DATE 2-12-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddie Creech	1.2 NAME	
STREET ADDRESS	6527 Walton Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	1.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caroline Saffri	2.2 NAME	
STREET ADDRESS	6524 Walton Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	2.4 CITY-ST-ZIP	
TITLE	Vice-President <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geru Reesem	3.2 NAME	
STREET ADDRESS	7204 Trinity Placa	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eleanor Wencka	4.2 NAME	
STREET ADDRESS	6617 Travis Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	4.4 CITY-ST-ZIP	
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Grant	5.2 NAME	
STREET ADDRESS	6405 Walton Way	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	5.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Sprovin	6.2 NAME	
STREET ADDRESS	6811 Spencer Circle	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	6.4 CITY-ST-ZIP	
TITLE	Vice-President <input checked="" type="checkbox"/> DELETE	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol MacLemore	7.2 NAME	
STREET ADDRESS	6815 Spencer Circle	7.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	7.4 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, with all other like empowered.

SIGNATURE: Eddie Creech EDDIE CREECH DATE 2/12/99 (813)6640954  
Signature and typed or printed name of signing officer or director Day Daytime Phone #

CR2E037 (1/98)