


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 700686</b>		
1. Entity Name <b>EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORATED</b>		
Principal Place of Business 7217 KINGSBURY CIRCLE TAMPA, FL 33610	Mailing Address 6517 WALTON WAY TAMPA, FL 33610 US	
<b>DO NOT WRITE IN THIS SPACE</b>		



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1704197</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WHITAKER, JEANNE</b> <b>6517 WALTON WAY</b> <b>TAMPA, FL 33610</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SAFFRI, CAROLINE 6524 WALTON WAY TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, ELISHA M 6606 TRAVIS BLVD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPRONIKIN, JOHN 6811 SPENCER CIRCLE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITAKER, JEANNE C 6517 WALTON WAY TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/22/04-80009-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Caroline Saffri **7-14-04** **(813)623-1779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #