


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90005 023 \*\*\*\*61.25

**DOCUMENT # 700686**

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



Principal Place of Business  
 7217 KINGSBURY CIRCLE  
 TAMPA, FL 33610

Mailing Address  
 6524 ~~6517~~ WALTON WAY  
 TAMPA, FL 33610 US

50025774



07012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1704197

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WHITAKER, JEANNE~~ CAROLINE SAFFRI  
~~6517 WALTON WAY~~ 6524 WALTON WAY  
 TAMPA, FL 33610

**DO NOT WRITE IN THIS SPACE**

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 Caroline Saffri DATE 8-16-06

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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 <del>WHITAKER, JEANNE C</del> BARRON, JERI <del>6517 WALTON WAY</del> 7321 KINGSBURY CIR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 CAROLINE SAFFRI 8/16/06 (813)623-1729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #