


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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 WALTON WAY TAMPA, FL 33610 US
---	--

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**SAFFRI, CAROLINE
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 BARRON, JERI 7321 KINGS BURY CIR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000610022
 02/02/07-80004-016 61.25

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, President* **1-16-07** **(813)623-1779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #