


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90020 028 ****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 WALTON WAY
 TAMPA, FL 33610 US**

40040110



2. Principal Place of Business - No P.O. Box #
SAME

3. Mailing Address
6610 TRAVIS BLVD

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

01202008 Chg-NP CR2E037 (12/06)

City & State
TAMPA FL

Zip
33610

Country
US

4. FEI Number
59-1704197

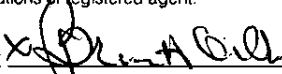
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SAFFRI, CAROLINE
 6524 WALTON WAY
 TAMPA, FL 33610**

7. Name and Address of New Registered Agent
 Name **Bruce Volk**
 Street Address (P.O. Box Number is Not Acceptable)
6610 TRAVIS BLVD
 City **TAMPA** FL Zip Code **33610**

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  **Bruce H. Volk** **2/25/08** DATE

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SAFFRI, CAROLINE 6524 WALTON WAY TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, ELISHA M 6606 TRAVIS BLVD TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPRONIKIN, JOHN 6811 SPENCER CIRCLE TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRON, JERI 7321 KINGS BURY CIR TAMPA, FL 33610 <input type="checkbox"/> Delete OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Bruce Volk 6610 TRAVIS BLVD TAMPA FL 33610 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Billy Dukes 6215 HARNAY RD TAMPA FL 33610 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOLENE ZERMAN 6806 TRASKER DR TAMPA FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elinor Wencka 6617 TRAVIS BLVD TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Bruce H. Volk** **2/25/08** **813 382 8044** DATE Daytime Phone #