


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 735030					
1. Entity Name <b>LUTZ LAKE ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 2496 LUTZ FL 33549			Mailing Address P.O. BOX 2496 LUTZ FL 33549		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>DYAL, JR LUCIUS M 1400 501 E KENNEDY TAMPA FL 33602</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NED			NAME	
STREET ADDRESS	101 1ST AVE N.W.			STREET ADDRESS	U00000224056
CITY - ST - ZIP	LUTZ FL			CITY - ST - ZIP	02/10/05-80071-002 61.25
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, EILEEN			NAME	
STREET ADDRESS	420 LOCH DEVON DR			STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549			CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUMAN, CHRISTINE			NAME	
STREET ADDRESS	97 1ST. AVE NW			STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549			CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, STEVE			NAME	
STREET ADDRESS	420 LOCH DEVON DR			STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, WAYNE O.			NAME	
STREET ADDRESS	105 FIRST AVE NW			STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUMAN, JAMES			NAME	
STREET ADDRESS	212 3RD AVE. NE.			STREET ADDRESS	
CITY - ST - ZIP	LUTZ, FL			CITY - ST - ZIP	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1728146** Applied For  Not Applicable

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

12. 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 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: Christine Nauman 2/7/2005 813-949-2926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #