2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # ~~N~~00000004836

1. Entity Name
LAKE STEMPER CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18230 CYPRESS COVE RD LUTZ, FL 33549	18230 CYPRESS COVE RD LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3670258
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, LYLE
18230 CYPRESS COVE LANE
LUTZ, FL 33549

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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 _____ 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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYLE, SCOTT
STREET ADDRESS	18230 CYPRESS COVE LN
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	SAUERWEIN, PEGGY
STREET ADDRESS	18202 CYPRESS COVE ROAD
CITY-ST-ZIP	LUTZ, FL
TITLE	D
NAME	ANDERSON, BRET
STREET ADDRESS	18230 CYPRESS COVE RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	VANBEBBER, GREG
STREET ADDRESS	220 NEVEL ROAD
CITY-ST-ZIP	LUTZ, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80081-004 61.25

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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: Bret Anderson 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #