

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004836

FILED
Jul 06, 2007
Secretary of State

Entity Name: LAKE STEMPER CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

18230 CYPRESS COVE RD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

18230 CYPRESS COVE RD
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3670258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT, LYLE
18206 CYPRESS COVE LANE
LUTZ, FL 33549 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYLE, SCOTT
Address: 18206 CYPRESS COVE LN
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: SAUERWEIN, PEGGY
Address: 18202 CYPRESS COVE ROAD
City-St-Zip: LUTZ, FL

Title: D () Delete
Name: ANDERSON, BRET
Address: 18230 CYPRESS COVE RD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: VANBEBBER, GREG
Address: 220 NEVEL ROAD
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT LYLE

PRES

07/06/2007

Electronic Signature of Signing Officer or Director

Date