FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724501** **(2)**

1. Corporation Name
LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 1. BOX 1245 OKLAWAHA FL 32179-9730	RT. 1. BOX 1245 OKLAWAHA FL 32179-9730

3. Date Incorporated or Qualified: **10/06/1972**
3a. Date of Last Report: **04/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROTHSTEIN, PAUL S.
11 NORTH MAGNOLIA AVE.
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	PENDLETON, ERNIE	1.2 NAME	MAC GARDNER
STREET ADDRESS	ROUTE 1, BOX 1243	1.3 STREET ADDRESS	17440 S.E. 34th LANE
CITY-ST-ZIP	OKLAWAHA FL	1.4 CITY-ST-ZIP	OCKLAWAHA, FL. 32179
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	STATL, OTIS P.	2.2 NAME	VIVIAN URIG
STREET ADDRESS	3531 SE 173 TERR	2.3 STREET ADDRESS	3511 S.E. 174th CT.
CITY-ST-ZIP	OCKLAWAHA FL	2.4 CITY-ST-ZIP	OCKLAWAHA, FL. 32179
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	GUSKY, LINDA S	3.2 NAME	LINDA S. GUSKY
STREET ADDRESS	RT 1 BOX 1259	3.3 STREET ADDRESS	3585 S.E. 174th CT.
CITY-ST-ZIP	OKLAWAHA FL	3.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	URIG, EDWARD	4.2 NAME	JIMMY GARDNER
STREET ADDRESS	ROUTE 1, BOX 1240K	4.3 STREET ADDRESS	3641 S.E. 173 RD TERRACE
CITY-ST-ZIP	OKLAWAHA FL	4.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	C	5.1 TITLE	C ☒ Change ☐ Addition
NAME	CHITWOOD, WILLIE	5.2 NAME	WILLIE CHITWOOD
STREET ADDRESS	RT 1 BOX 1267	5.3 STREET ADDRESS	3789 S.E. 174th CT.
CITY-ST-ZIP	OKLAWAHA FL	5.4 CITY-ST-ZIP	OCKLAWAHA, FL. 32179
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	CRUPO, PETE	6.2 NAME	PETE CRUPO
STREET ADDRESS	ROUTE 1, BOX 1239	6.3 STREET ADDRESS	17415 S.E. 34th LANE
CITY-ST-ZIP	OKLAWAHA FL	6.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie Chitwood 4-21-95 904-625-2736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIE CHITWOOD

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