

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **724501** (2)

1. Corporation Name

**LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

RT. 1, BOX 1245  
OKLAHAWA FL 32179-9730

RT. 1, BOX 1245  
OKLAHAWA FL 32179-9625



|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>10/06/1972</b>  | 3a. Date of Last Report<br><b>03/29/1996</b> |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>NOT APPLICABLE</b>  | Applied For<br>Not Applicable                |
| 22 City & State   |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 23 Zip  |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 24 Country  |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent                         |  |                        |  | 10. Name and Address of New Registered Agent  |  |
| <b>ROTHSTEIN, PAUL S.<br/>11 NORTH MAGNOLIA AVE.<br/>OCALA FL 32670</b> |  |                        |  | 81 Name   |  |
|   |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |                        |  | 83  |  |
|   |  |                        |  | 84 City <b>FL</b> 85 Zip Code   |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARDNER, MAC</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>17440 SE 34TH LANE</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHAWA FL</b>                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GUSKY, LINDA</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3585 SE 174TH COURT</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHAWA FL</b>                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GUSKY, LINDA</b>                      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>3585 SE 174TH CT</b>                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHAWA FL</b>                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>C</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PENDLETON, ERNIE</b>                  | 4.2 NAME  |   |
| STREET ADDRESS             | <b>3620 SE 174TH COURT</b>               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHAWA FL</b>                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHITWOOD, WILLIE</b>                  | 5.2 NAME  |   |
| STREET ADDRESS             | <b>3789 S E 174TH CT</b>                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHAWA FL</b>                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CRUPO, PETE</b>                       | 6.2 NAME  |   |
| STREET ADDRESS             | <b>17415 S E 34TH LANE</b>               | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHAWA FL</b>                       | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 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:

*E. H. Pendleton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-97

Daytime Phone 6003848

CR2E037 (9/96)