


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724501</b> 1. Entity Name <b>LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.</b>	
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Principal Place of Business RT. 1, BOX 1245 OKLAWAHA, FL 32179-9730	Mailing Address RT. 1, BOX 1245 OKLAWAHA, FL 32179-9730
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03022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JOLLY, WALLACE A 17334 SE 34TH LANE OCKLAWAHA, FL 32179
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGOZINSKI, CHARLES 17405 SE 35TH ST. OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOLLY, WALLACE A 17334 SE 34TH LANE OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, HARRY 17360 SE 37TH LANE OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, LARRY 3765 SE 174TH CT. OKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOLLY, MARY J 17334 SE 34TH LANE OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000263051  
03/14/05-80077-004 61.25

**DO NOT WRITE  
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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:** Wallace A Jolly WALLACE A JOLLY 3/10/05 352-625-5446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #