

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735030

Entity Name: LUTZ LAKE ASSOCIATION, INC.**Current Principal Place of Business:**416 LOCH DEVON DR.
LUTZ, FL 33548**Current Mailing Address:**P.O. BOX 2496
LUTZ, FL 33548**FEI Number:** 59-1728146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DYAL, LUCIUS MRA
1400 501 E KENNEDY
TAMPA, FL 33602 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**Officer/Director Detail :**

Title	PRES
Name	RICHIE, MICHAEL PRES.
Address	416 LOCH DEVON DR.
City-State-Zip:	LUTZ FL 33548

Title	SEC.
Name	NAUMAN, CHRISTINE
Address	97 1ST AVE NW
City-State-Zip:	LUTZ FL 33548

Title	TREA
Name	NAUMAN, CHRISTINE TREA
Address	97 1ST. AVE NW
City-State-Zip:	LUTZ FL 33548

Title	VP
Name	BROWN, NED VP
Address	101 1ST AVE N.W.
City-State-Zip:	LUTZ FL 33548

Title	DIR.
Name	HUNT, WAYNE ODIR
Address	105 FIRST AVE NW
City-State-Zip:	LUTZ FL 33548

Title	DIR.
Name	NAUMAN, JAMES DIR
Address	212 3RD AVE. NE.
City-State-Zip:	LUTZ FL 33548

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE NAUMAN**SECRETARY/TREASURER** 03/04/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date