

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753581

**Entity Name:** LUTZ CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**98 FIRST AVE NW  
LUTZ, FL 33548**Current Mailing Address:**P.O. BOX 1  
LUTZ, FL 33548**FEI Number:** 59-2371532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAHR, ARDYTH  
910 LAKE CHARLES CIRCLE  
LUTZ, FL 33548 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	D
Name	WILLIAMS, GARY
Address	18315 US HWY 41 NORTH
City-State-Zip:	LUTZ FL 33549

Title	S
Name	SMITH, MARION
Address	P.O. BOX 1092
City-State-Zip:	LUTZ FL 33548

Title	T
Name	ARDYTH, BAHR
Address	910 LAKE CHARLES CIRCLE
City-State-Zip:	LUTZ FL 33548

Title	D
Name	VAHUE, PAUL
Address	20607 LEONARD ROAD
City-State-Zip:	LUTZ FL 33558

Title	D
Name	BUCKINGHAM, AURALEE
Address	19216 BLOUNT ROAD
City-State-Zip:	LUTZ FL 33549

Title	DIRECTOR
Name	POLZIN, STEVE
Address	17512 DRAKE CT.
City-State-Zip:	LUTZ FL 33549

Title	PRESIDENT
Name	STOY, RON
Address	907 TOMLINSON DRIVE
City-State-Zip:	LUTZ FL 33549

*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:** ARDYTH BAHR**TREASURER****04/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date