

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90012 048 ****70.00

DOCUMENT # 700050 1. Entity Name LAKE EGYPT ESTATES CIVIC ASSOCIATION, INC.			
Principal Place of Business 7601 EGYPT LAKE DR TAMPA, FL 33614 US		Mailing Address 7601 EGYPT LAKE DR TAMPA, FL 33614 US	
2. Principal Place of Business - No P.O. Box # 7302 Lakeside Blvd		3. Mailing Address 7302 Lakeside Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33614		Country Hillsborough	
4. FEI Number 59-2879655		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUY, JANET 7601 EGYPT LAKE DR TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Rosalynda Lemon Street Address (P.O. Box Number is Not Acceptable) 7302 Lakeside Blvd City Tampa FL Zip Code 33614	
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 DATE 7/12/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME GUY, JANET STREET ADDRESS 7601 EGYPT LK DR CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Lisa Lira STREET ADDRESS 3005 W Clinton Street CITY-ST-ZIP Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME LEMON, ROSALYNDA STREET ADDRESS 7302 LAKESIDE BLVD CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME YADO, BETTY STREET ADDRESS 3002 W. ROBSON ST. CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MORPHY, TIM STREET ADDRESS 3212 ROBSON ST W CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Phil Baldacchino STREET ADDRESS 3205 W. Clinton ST CITY-ST-ZIP Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME ROWE, JOSEPH STREET ADDRESS 3011 BROAD STREET CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE D NAME Rowe, Joseph STREET ADDRESS 3011 Broad Street CITY-ST-ZIP Tampa, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MORAN, STAR STREET ADDRESS 7326 EGYPT LAKE DR. CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE PD NAME Moran, STAR STREET ADDRESS 7326 EGYPT LAKE DR CITY-ST-ZIP Tampa FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		DATE 7/12/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	