

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700050

FILED
Apr 23, 2009
Secretary of State

Entity Name: LAKE EGYPT ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

7512 NORTH SAINT VINCENT STREET
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

7512 NORTH SAINT VINCENT STREET
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-2879655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAETTLE, SUSAN
7512 NORTH SAINT VINCENT STREET
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LIRA, LISA
Address: 3005 W. CLINTON STREET
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: SCHAETTLE, SUSAN
Address: 7512 NORTH SAINT VINCENT STREET
City-St-Zip: TAMPA, FL 33614

Title: VD () Delete
Name: BALDACCHINO, PHIL
Address: 3205 W. CLINTON ST
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: YADO, BETTY
Address: 3002 W. ROBSON ST
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: ROWE, JOSEPH
Address: 3011 BROAD STREET
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: MORAN, STAR
Address: 7326 EGYPT LAKE DR.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN SCHAETTLE

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date