

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90107 021 \*\*\*\*61.25

**DOCUMENT # 700945**

1. Entity Name

**CIVIC ASSOCIATION OF WEST LAKE BRANTLEY,  
INCORPORATED**



Principal Place of Business

P.O. BOX 916504  
LONGWOOD FL 32791-6504  
US

Mailing Address

P.O. BOX 916504  
LONGWOOD FL 32791-6504  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2465160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LYNN  
2460 ISLAND DR.  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name GORING, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
2450 PLEASANT DR  
City Longwood FL Zip Code 32779

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

*John M. Goring*  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

*April 10, 2005*  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LYNN	
STREET ADDRESS	2460 ISLAND DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COFFARD, PHILIP	
STREET ADDRESS	2260 CHARLOTTE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVINSON, KELLY	
STREET ADDRESS	2490 ISLAND DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CULBERSON, FARRELL	
STREET ADDRESS	2150 CHARLOTTE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORING, JOHN	
STREET ADDRESS	2450 PLEASANT DR.	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILEY, CHUCK	
STREET ADDRESS	2120 WEST LAKE BRANTLEY DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John M. Goring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 10, 2005*  
Date  
*407-788-9428*  
Daytime Phone #