

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 012 ****61.25

DOCUMENT # 702517

1. Entity Name

LUTZ-LAND O' LAKES POST NUMBER 108, INC., THE
AMERICAN LEGION, DEPARTMENT OF FLORIDA



Principal Place of Business

5903 LAND O LAKES BLVD.
PO BOX 747
LAND O LAKES FL 34639

Mailing Address

P.O. BOX 747
PO BOX 747
LAND O'LAKES FL 34639
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6200605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, ROBERT
19805 READING ROAD
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name **ROBERT GARDNER**

Street Address (P.O. Box Number is Not Acceptable)
1729 HERON COVE DRIVE

City **LUTZ**

FL

Zip Code
33549

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 type="checkbox"/> Delete
NAME	NASSO, VINCENT	
STREET ADDRESS	2829 BANYAN HILL LN	
CITY - ST - ZIP	LAND O LAKES FL 34639	

TITLE	CD	<input type="checkbox"/> Delete
NAME	GARDNER, ROBERT	
STREET ADDRESS	1729 HERON COVE DR	
CITY - ST - ZIP	LUTZ FL 33549	

TITLE	STD	<input type="checkbox"/> Delete
NAME	DRETZKA, RAYMOND J.	
STREET ADDRESS	3153 LAKE PADGETT DRIVE	
CITY - ST - ZIP	LAND O'LAKES FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vincent J. Nasso* **26 MAR 2007 813 235-6699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #