

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708199

FILED
Feb 04, 2007
Secretary of State

Entity Name: LAKE MADGALENE VISTA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1508 CHERRYWOOD AVENUE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

1508 CHERRYWOOD AVENUE
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GALLIZZI, PAUL
1508 CHERRYWOOD AVE.
TAMPA, FL 33613 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: D () Delete
Name: MARTINO, LORRAINE
Address: 14901 N ROME AVENUE
City-St-Zip: TAMPA, FL 33613

Title: P/D () Delete
Name: PASCHAL, BRENT
Address: 1509 CHERRYWOOD AVE.
City-St-Zip: TAMPA, FL 33613

Title: T/D () Delete
Name: GALLIZZI, KAREN
Address: 1508 CHERRYWOOD AVENUE
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: WILLIAMS, NORMA
Address: 1506 CHERRY WOOD AVE.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: CONLEY, FRED
Address: 14905 N. ROME AVE.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: BALDWIN, DON
Address: 14903 N ROME AVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change () Addition
Name: GALLIZZI, KAREN
Address: 1508 CHERRYWOOD AVENUE
City-St-Zip: TAMPA, FL 33613

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 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: KAREN GALLIZZI

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02/04/2007

Electronic Signature of Signing Officer or Director

Date