

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90072 006 ****61.25

DOCUMENT # 720644					
1. Entity Name LAKE CRESCENT ESTATES CIVIC CLUB, INC.					
Principal Place of Business 314 BASS TRAIL CRESCENT CITY, FL 32112 US			Mailing Address P O BOX 671 POMONA PARK, FL 32181-0671 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	4. FEI Number 20-1973669	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HORTON, GEORGE W 207 CRESCENT LANE CRESCENT CITY, FL 32112			Name <u>FORTIER, RICHARD P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>102 CRESCENT LANE</u> City <u>CRESCENT CITY</u> <u>FL</u> Zip Code <u>32112</u>		
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 <u>RICHARD P. FORTIER</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Richard P. Fortier</u> (NOTE: Registered Agent signature required when reappointing)		<u>1-29-07</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$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 TD NAME KOWALCZYK, RICHARD STREET ADDRESS 141 PARADISE SHORES RD CITY-ST-ZIP CRESCENT CITY, FL 32112	☐ Delete		TITLE VD NAME SYDNEY FAY STREET ADDRESS 251 SPEC LANE CITY-ST-ZIP CRESCENT CITY FL 32112	☐ Change ☒ Addition	
TITLE VD NAME WLAKER, MICHAEL STREET ADDRESS 238 TROUT TRAIL CITY-ST-ZIP CRESCENT CITY, FL 32112	☒ Delete		TITLE VD NAME ELLSWORTH, JEAN STREET ADDRESS 250 SPEC LANE CITY-ST-ZIP CRESCENT CITY FL 32112	☐ Change ☒ Addition	
TITLE VD NAME HUTCHINS, TIMOTHY STREET ADDRESS 221 LAKE LANE CITY-ST-ZIP CRESCENT CITY, FL 32112	☒ Delete		TITLE SD NAME GOWERS CANDICE STREET ADDRESS 220 BASS TRAIL CITY-ST-ZIP CRESCENT CITY FL 32112	☐ Change ☒ Addition	
TITLE SD NAME SYDNEY, FAY STREET ADDRESS 251 SPEC LANE CITY-ST-ZIP CRESCENT CITY, FL 32112	☒ Delete		TITLE D NAME PETRIC BRUCE STREET ADDRESS 220 BASS TRAIL CITY-ST-ZIP CRESCENT CITY FL 32112	☐ Change ☒ Addition	
TITLE D NAME SLUSHER, JOHN STREET ADDRESS 105 CRESCENT LANE CITY-ST-ZIP CRESCENT CITY, FL 32112	☐ Delete		TITLE D NAME DUTIN, JAMES STREET ADDRESS 200 LAKE LANE CITY-ST-ZIP CRESCENT CITY FL 32112	☐ Change ☒ Addition	
TITLE D NAME PARKS, DONALD STREET ADDRESS 223 CRESCENT LANE CITY-ST-ZIP CRESCENT CITY, FL 32112	☒ Delete		TITLE D NAME JOHNSON, MARCUS STREET ADDRESS 213 PINE TREE TRAIL CITY-ST-ZIP CRESCENT CITY FL 32112	☐ Change ☒ 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: <u>Richard Kowalczyk</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>Richard Kowalczyk</u> Date		
(386) 649-9555 Daytime Phone #					

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 720644

1. Entity Name
LAKE CRESCENT ESTATES CIVIC CLUB, INC.



Principal Place of Business
314 BASS TRAIL
CRESCENT CITY, FL 32112 US

Mailing Address
P O BOX 671
POMONA PARK, FL 32181-0671 US

40009039

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-1973669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORTON, GEORGE W
207 CRESCENT LANE
CRESCENT CITY, FL 32112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing 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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KOWALCZYK, RICHARD
141 PARADISE SHORES RD
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WLAKER, MICHAEL
238 TROUT TRAIL
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HUTCHINS, TIMOTHY
221 LAKE LANE
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SYDNEY, FAY
251 SPEC LANE
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SLUSHER, JOHN
105 CRESCENT LANE
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKS, DONALD
223 CRESCENT LANE
CRESCENT CITY, FL 32112 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COWAN, CHARLES
240 TROUT TRAIL
CRESCENT CITY, FL 32112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RHODES, HENRY JR
215 BASS TRAIL
CRESCENT CITY, FL 32112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386)-649-9555

PAGE 2 OF 2