

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **724501** (2)

1. Corporation Name

**LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

RT. 1, BOX 1245  
OKLAWAHA FL 32179-9730

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OKLAWAHA FL 32179-9730

3. Date Incorporated or Qualified  
**10/06/1972**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTHSTEIN, PAUL S.  
11 NORTH MAGNOLIA AVE.  
OCALA FL 32670**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, MAC</b>	
STREET ADDRESS	<b>17440 SE 34TH LANE</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>URIG, VIVIAN</b>	
STREET ADDRESS	<b>3511 SE 174TH CT</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GUSKY, LINDA</b>	
STREET ADDRESS	<b>3585 SE 174TH CT</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARDNER, JIMMY</b>	
STREET ADDRESS	<b>3641 S E 173RD TERR</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>CHITWOOD, WILLIE</b>	
STREET ADDRESS	<b>3789 S E 174TH CT</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUPO, PETE</b>	
STREET ADDRESS	<b>17415 S E 34TH LANE</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>URIG, ED</b>	
1.3 STREET ADDRESS	<b>3511 S.E. 174TH COURT</b>	
1.4 CITY-ST-ZIP	<b>OKLAWAHA, FL. 32179</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GUSKY, LINDA</b>	
2.3 STREET ADDRESS	<b>3585 S.E. 174TH COURT</b>	
2.4 CITY-ST-ZIP	<b>OKLAWAHA, FL. 32179</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PENDLETON, ERNIE</b>	
4.3 STREET ADDRESS	<b>3620 S.E. 174TH COURT</b>	
4.4 CITY-ST-ZIP	<b>OKLAWAHA, FL. 32179</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>J.V. GARDNER</b>	
6.3 STREET ADDRESS	<b>17855 S.E. 51ST STREET</b>	
6.4 CITY-ST-ZIP	<b>OKLAWAHA, FL. 32179</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ernie H Pendleton*  
ERNIE H. PENDLETON

03/23/96

352-625-4883

Date

Daytime Phone #

CR2E037 (12/95)