


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724501**

1. Entity Name  
**LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 RT. 1, BOX 1245      RT. 1, BOX 1245  
 OKLAWAHA FL 32179-9730      OKLAWAHA FL 32179-9730

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOLLY, WALLACE A**  
**17334 SE 34TH LANE**  
**OCKLAWAHA FL 32179**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	<input type="checkbox"/> Delete
D	ROGOZINSKI, CHARLES	17405 SE 35TH ST.	OCKLAWAHA FL 32179	<input type="checkbox"/>
P	JOLLY, WALLACE A	17334 SE 34TH LANE	OCKLAWAHA FL 32179	<input type="checkbox"/>
S	HALL, HARRY	17360 SE 37TH LANE	OCKLAWAHA FL 32179	<input type="checkbox"/>
D	POOLE, LARRY	3765 SE 174TH CT.	OKLAWAHA FL 32179	<input type="checkbox"/>
T	JOLLY, MARY J	17334 SE 34TH LANE	OCKLAWAHA FL 32179	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:** Wallace A. Jolly Wallace A. Jolly      2/19/04      352-625-5446