


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 724501
 1. Entity Name
LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business 17334 SE 34TH LN OKLAWAHA, FL 32179-9730	Mailing Address 17334 SE 34TH LN OKLAWAHA, FL 32179-9730
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DO NOT WRITE IN THIS SPACE



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOLLY, WALLACE A
17334 SE 34TH LANE
OCKLAWAHA, FL 32179

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000475395
 04/05/06-80013-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGOZINSKI, CHARLES 17405 SE 35TH ST. OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOLLY, WALLACE A 17334 SE 34TH LANE OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, HARRY 17360 SE 37TH LANE OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, LARRY 3765 SE 174TH CT. OKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOLLY, MARY J 17334 SE 34TH LANE OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wallace A. Jolly **Wallace A. Jolly** 3/16/06 352-625-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #