

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 021 ****61.25

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**

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

3746 S.E. 173RD TERRACE

3. Mailing Address

3746 S.E. 173RD TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OKLAWAHA, FL

City & State

OKLAWAHA, FL

Zip

32179

Country

MARION

Zip

32179

Country

MARION

03232008

Chg-NP

CR2E037 (12/06)

4. FEI Number

NOT 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
OKLAWAHA, FL 32179**

7. Name and Address of New Registered Agent

Name

LINDA S. GUSKY

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

3585 S.E. 174TH COURT

City

OKLAWAHA

FL

Zip Code

32179

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

Linda S. Gusky

LINDA S. GUSKY, TREASURER

4-15-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **V** ☐ Delete
NAME **WHIPPLE, GREG L**
STREET ADDRESS **3621 SE 174TH CT**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

TITLE **P** ☒ Delete
NAME **JOLLY, WALLACE A**
STREET ADDRESS **17334 SE 34TH LANE**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

TITLE **S** ☐ Delete
NAME **HALL, HARRY**
STREET ADDRESS **17360 SE 37TH LANE**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

TITLE **D** ☒ Delete
NAME **POOLE, LARRY**
STREET ADDRESS **3765 SE 174TH CT.**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

TITLE **T** ☒ Delete
NAME **JOLLY, MARY J**
STREET ADDRESS **17334 SE 34TH LANE**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JOE SCHAFER**
STREET ADDRESS **3740 S.E. 173RD TERRACE**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

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

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

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **LINDA S. GUSKY**
STREET ADDRESS **3585 S.E. 174TH COURT**
CITY-ST-ZIP **OKLAWAHA, FL 32179**

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

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

Linda S. Gusky