

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2009
Secretary of State**

DOCUMENT# 726641

Entity Name: LAKE TROPICANA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

3380 SW 181ST CT.
DUNNELLON, FL 34430

New Principal Place of Business:

Current Mailing Address:

PO BOX 2676
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 23-7378088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, ROBERT
17610 SW 40 ST
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STEWART, ROBERT
Address: 17610 SW 40 ST
City-St-Zip: DUNNELLON, FL 34432

Title: R S () Delete
Name: RUDOLPH, JANE
Address: 20650 SW BEACH BLVD
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: LUDWIG, SILVA
Address: 5190 SW 183RD TERR
City-St-Zip: DUNNELLON, FL 34432

Title: VP () Delete
Name: SNYDER, ROBERT C
Address: 5730 SW 176 AVE.
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: DEVRIES, GRETCHEN
Address: 3535 SW 180 AVE
City-St-Zip: DUNNELLON, FL 34432

Title: P () Delete
Name: GILD, WILLIAM C JR
Address: 5400 SW 176 AVE
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STEWART

Electronic Signature of Signing Officer or Director

TREA

04/22/2009

Date