FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730491** **(8)**

1. Corporation Name
LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5730 ELENA DR HOLIDAY FL 34690-9329	5730 ELENA DR HOLIDAY FL 34690-9329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1963906 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADORNI, ROBERT 5743 ELENA DR HOLIDAY FL 34690	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☒ Change ☐ Addition
NAME	HAUGHT, PETER	12 NAME	Charles Lee
STREET ADDRESS	3202 BAHIA AVE.	13 STREET ADDRESS	3336 Bahia Ave
CITY-ST-ZIP	HOLIDAY FL	14 CITY-ST-ZIP	Holiday Fl. 34690
TITLE	T	21 TITLE	☐ Change ☒ Addition
NAME	WARNER, WINIFRED	22 NAME	
STREET ADDRESS	5624 ELENA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V ☒ Change ☐ Addition
NAME	BURR, WILLIAM	32 NAME	William Burr
STREET ADDRESS	5801 ELENA DR	33 STREET ADDRESS	5801 Elena DR Term.
CITY-ST-ZIP	HOLIDAY, FL 0 34690	34 CITY-ST-ZIP	Holiday Fl 34690 VP
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	ROBERTS, MARINA	42 NAME	Marina Roberts
STREET ADDRESS	3116 BAHIA AVE.	43 STREET ADDRESS	3116 Bahia ave Term.
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	Holiday Fl. 34690 VP
TITLE	V	51 TITLE	Vice President ☐ Change ☒ Addition
NAME	CHARLES LEE	52 NAME	Elaine Smith
STREET ADDRESS	3336 BAHIA AVE	53 STREET ADDRESS	3402 Bahia Ave
CITY-ST-ZIP	HOLIDAY, FL 0 34690	54 CITY-ST-ZIP	Holiday Fl 34690
TITLE	D	61 TITLE	Director ☐ Change ☒ Addition
NAME	WINKLER, MARIA	62 NAME	Robert Silvain
STREET ADDRESS	3101 SHADOW OAKS DR	63 STREET ADDRESS	5634 Elena DR
CITY-ST-ZIP	HOLIDAY FL	64 CITY-ST-ZIP	Holiday Fl 34690

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: Winifred Warner Treas. 4-28-95 None
MANDATORY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088457