

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730491 (8)
1. Corporation Name
LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, INC.



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

Mailing Address
**5730 ELENA DR
HOLIDAY FL 34690-9329**

3. Date Incorporated or Qualified
08/20/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1963906		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**ADORNI, ROBERT
5743 ELENA DR
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Vice President
NAME	LEE, CHARLES	1.2 NAME	Elaine Smith
STREET ADDRESS	3336 BAHIA AVE	1.3 STREET ADDRESS	3402 Bahia Ave
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	Holiday FL 34690
TITLE	T	2.1 TITLE	Rose DIAKOSKI Director
NAME	WARNER, WINIFRED	2.2 NAME	5836 Elena DR
STREET ADDRESS	5624 ELENA DR.	2.3 STREET ADDRESS	Holiday FL 34690
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	Director
NAME	BURR, WILLIAM	3.2 NAME	Robert S. Ivain
STREET ADDRESS	5801 ELENA DR	3.3 STREET ADDRESS	5634 Elena DR
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Holiday FL 34690
TITLE	D	4.1 TITLE	Director
NAME	ROBERTS, MARINA	4.2 NAME	Les MORRILL
STREET ADDRESS	3116 BAHIA AVE	4.3 STREET ADDRESS	5905 Bearford DR
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	Holiday FL 34690
TITLE	V	5.1 TITLE	
NAME	CHARLES LEE	5.2 NAME	
STREET ADDRESS	3336 BAHIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34690	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WINKLER, MARIA	6.2 NAME	
STREET ADDRESS	3101 SHADOW OAKS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP	

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 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/96**

Daytime Phone #

CR2E037 (12/95)