

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34690-2329**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1974	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1963906		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHARLES	1.2 NAME	
STREET ADDRESS	3336 BAHIA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, WINIFRED	2.2 NAME	
STREET ADDRESS	5624 ELENA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIN, ROBERT S	3.2 NAME	Dorothy Harnish
STREET ADDRESS	5634 ELENA DRIVE	3.3 STREET ADDRESS	5906 MOORE RD
CITY - ST - ZIP	HOLIDAY FL	3.4 CITY - ST - ZIP	HOLIDAY FL 34690
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRILL, LES	4.2 NAME	Roberta Henderson
STREET ADDRESS	5905 BEAKFORD DRIVE	4.3 STREET ADDRESS	5430 CANOSA DR
CITY - ST - ZIP	HOLIDAY FL	4.4 CITY - ST - ZIP	HOLIDAY FL 34690
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ELAINE	5.2 NAME	William Cagle
STREET ADDRESS	3402 BAHIA AVENUE	5.3 STREET ADDRESS	5939 E. KOAN BLVD
CITY - ST - ZIP	HOLIDAY FL	5.4 CITY - ST - ZIP	HOLIDAY FL 34690
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **WINIFRED WARNER** 5-18-97 TRUS NONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089188

CR2E037 (9/96)