

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90005 022 ****61.25

DOCUMENT # 730491

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1963906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, FRAN
5608 FESTIVO DRIVE
HOLIDAY FL 34690

Name

LINDA KEGG

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

3220 ANDORRA AVE

City

HOLIDAY

FL

Zip Code

34690

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 L Kegg

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

(NOTE: Registered Agent signature required when reinstating)

8/11/04

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T SMITH, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS	3402 BAHIA AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	S RODRIGUEZ, FRAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5608 FESTIVO DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	D EAGAN, KATHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5809 ELENA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	D KORN, ROBERTA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5643 CANOSA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	KEGG, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	3220 ANDORRA DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	D WINKLER, MARIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3101 SHADOW OAKS DR	
CITY-ST-ZIP	HOLIDAY FL	

TITLE NAME	D LYNN CLOUSER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3131 SHADOW OAKS DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	D JOAN LAW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3129 CORONA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	D BLANCHE WULBURS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3440 PALOMA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	D JANICE SCERENSCKO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3133 ELK RIDGE DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	P/S LINDA KEGG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3220 ANDORRA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 L Kegg, Pres/Sec

Date

8/11/04 727-937-1436

Daytime Phone #