2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 8:00 am Secretary of State **DOCUMENT # 730491** 1. Entity Name 03-30-2006 90031 020 ****61.25 LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, Principal Place of Business Mailing Address 5730 ELENA DR HOLIDAY FL 34690-9329 5730 ELENA DR HOLIDAY FL 34690-9329 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1963906 Not Applicable Country Zıp Country \$8.75 Additional Zip 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEGG, LINDA Street Address (P.O. Box Number is Not Acceptable) 3220 ANDORRA AVE HOLIDAY FL 34690 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or priviled name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change Addition TITLE Rosemary Pignature SMITH, ELAINE NAME NAML STREET ADDRESS 3402 BAHIA AVE STREET ADDRESS 5900 Consuello Dr HOLIDAY FL 34690 CITY-ST-ZIP CITY - ST - ZIP HOLibay FL 34690 D **★**Addition **⊠** Delete TITLE ☐ Change LAW, JOAN NAME Lillian Wellin NAME 3129 CORONA DR STREET ADDRESS STREET ADDRESS 5861 Berkford Dr HOLIDAY FL 34690 CITY-ST-ZIP HOLIDAY, FL 34690 CITY-ST-ZIP Delete TITLE ☐ Change **Addition** TITLE Cathy Murphy 5743 Elena Dr WULBURS, BLANCHE NAME NAME STREET ADDRESS STREET ADORESS 3440 PALOMA DR CITY-ST-ZIP HOLIDAY FL 34690 CITY-ST-ZIP Holiday, FL Derete noitibhA 🔀 TITLE Change TITLE SCERENSCRO, JANICE NAME John Russell NAME STREET ADDRESS 3133 ELKRIDGE DR STREET ADDRESS 5642 Elena Dr HOLIDAY FL 3 CITY-ST-ZIP HOLIDAY FL 34691 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE KEGG, LINDA Anthony Anel 5624 Abla LN NAME 3220 ANDORRA DRIVE STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 CITY-ST-ZIP CITY-ST-7IP HOLIDAY, FL 34690 Delete Change Addition TITLE TITLE Jenna Sefchick 5742 Elena Dr CLOUSER, LYNN NAME NAME 3131 SHADOW OAKS DR STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 CITY-ST-ZIP HOLIday PL

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: Linda Kega

3/20/06 727-937-1436

FILED