2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90103 046 ****61.25

DOCUMENT # 730491

1. Entity 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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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
KEGG, LINDA 3220 ANDORRA AVE HOLIDAY FL 34690	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / STREET ADDRESS / CITY-ST-ZIP	T SMITH, ELAINE 3402 BAHIA AVE HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P PAUL Wulbers 3419 Paloma Dr Holiday, Fl 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S WELLIN, LILLIAN 5861 BERKFORD DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PAT PignaTaro 5900 Consuello Dr Holiday, Fl 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	D RUSSELL, JOHN 5642 ELENA DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Denise Hammond 3145 Bahia Ave Holiday, Fl 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	D SCERENSCRO, JANICE 3133 ELKRIDGE DR HOLIDAY FL 34691	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Herbert Spiegel 1111 Martha Ave New Port Richey, FL 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP KEGG, LINDA 3220 ANDORRA DRIVE HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CLOUSER, LYNN 3131 SHADOW OAKS DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 KEGG Linda L Kegg 4/25/07 727-937-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR