

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730491

1. Entity Name:
LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 29 AM 9:38

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

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



05202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**KEGG, LINDA
3220 ANDORRA AVE
HOLIDAY, FL 34690**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SMITH, ELAINE
STREET ADDRESS	3402 BAHIA AVE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	S
NAME	WELLIN, LILLIAN
STREET ADDRESS	5861 BERKFORD DR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	RUSSELL, JOHN
STREET ADDRESS	5642 ELENA DR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	HAMMOND, DENISE
STREET ADDRESS	33145 BAHIA AVE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	VP
NAME	KEGG, LINDA
STREET ADDRESS	3220 ANDORRA DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	CLOUSER, LYNN
STREET ADDRESS	3131 SHADOW OAKS DR
CITY-ST-ZIP	HOLIDAY, FL 34690

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06/03/08--01015--022 **61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/08 727-937-1436
Date Daytime Phone #