

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90303 002 \*\*\*\*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

**BURR, WILLIAM H  
5801 ELENA DR  
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name **Fran Rodriguez**  
Street Address (P.O. Box Number is Not Acceptable)  
**5608 Festivo Drive**  
**Holiday**  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SMITH, ELAINE<br/>3402 BAHIA AVE<br/>HOLIDAY FL 34690</b> <input type="checkbox"/> Delete                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>RODRIGUEZ, FRAN<br/>5808 FESTIVO DR<br/>HOLIDAY FL 34690</b> <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>EAGAN, KATHY<br/>5809 ELENA DR<br/>HOLIDAY FL 34690</b> <input type="checkbox"/> Delete                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HENDERSON, ROBERTA Korn <del>5643 CANOSA DR</del><br/>HOLIDAY FL 34690</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>BURR, BILL<br/>ELENA<br/>HOLIDAY FL 34690</b> <input checked="" type="checkbox"/> Delete                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WINKLER, MARIA<br/>3101 SHADOW OAKS DR<br/>HOLIDAY FL</b> <input type="checkbox"/> Delete                             |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Linda Kegg<br/>3220 Andorra Drive<br/>Holiday, FL 34690</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Janet Kardas<br/>3200 Custer Drive<br/>Holiday, FL 34690</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Korn, Roberta<br/>5643 Canosa Dr<br/>Holiday, FL 34690</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

CR2E037 (10/02)

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: **Fran Rodriguez**

**SIGNATURE REQUIRED**

**1/6/03 (727) 934-9300**

00007249



☒ CHECK HERE IF MAKING CHANGES