

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **748740** (8)  
1. Corporation Name  
**LAKEWOOD GARDEN COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

11820 N. ARMENIA AVE.  
TAMPA FL 33612

11820 N. ARMENIA AVE.  
TAMPA FL 33612

3. Date Incorporated or Qualified  
**08/31/1979**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **11822 N. Armenia Ave**

26 **11822 N. Armenia Ave**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **TAMPA, FL**

City & State  
28 **TAMPA, FL**

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

Zip  
24 **33612**

Country  
25 **FLORIDA**

Zip  
29 **33612**

Country  
30 **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'SHEA, PATRICIA  
~~11820 N. ARMENIA AVE.~~  
~~TAMPA FL 33612~~

*new address* →

81 Name

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

83 **116 W. Wildwood**

84 City **TAMPA**

FL 85 Zip Code **33613**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD BROWN, BEVERLY**  
STREET ADDRESS **1116 BRAMBLEWOOD DR.**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ DELETE  
NAME **D MULLINS, NANCY**  
STREET ADDRESS **11834 N. ARMENIA AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME **VD CARTER, ART**  
STREET ADDRESS **11816 N. ARMENIA AVE.**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ DELETE  
NAME **S BROWN, PHILIP**  
STREET ADDRESS **1116 BRAMBLEWOOD DR.**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☒ DELETE  
NAME **D SCARBROUGH, JIM**  
STREET ADDRESS **5410 SEMINOLE AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME **T MRUGALA, THOMAS**  
STREET ADDRESS **11822 N. ARMENIA AVE.**  
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas R. Mrugala*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96  
Date

813-978-7330  
Daytime Phone #

CR2E037 (12/95)