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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 753581 (8)

1. Corporation Name
LUTZ CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1 LUTZ FL 33549	P.O. BOX 1 LUTZ FL 33549

3. Date Incorporated or Qualified: 08/01/1980

4. FEI Number: 59-2371532 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MEEKER, CAROLYN
17027 HANNA RD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Carolyn E Meeker 1-20-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAYNE, DENISE		1.2 NAME		
STREET ADDRESS	2504 AYERS HILL CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	HOFFMAN, RICHARD		2.2 NAME	NINA MATTHEWS	
STREET ADDRESS	3626 BERGER RD		2.3 STREET ADDRESS	1517 BLIND POND AV	
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEKER, CAROLYN		3.2 NAME		
STREET ADDRESS	17027 HANNA RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STOY, RONALD		4.2 NAME		
STREET ADDRESS	907 TOMLINSON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LASHER, DENISE		5.2 NAME		
STREET ADDRESS	17513 MALLARD CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POLZIN, STEVE		6.2 NAME		
STREET ADDRESS	17512 DRAKE CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Carolyn E Meeker SIGNATURE REQUIRED 1-22-98 813-949-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #