2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90364 046 ****61.25

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DOCUMENT # 753581

1. Entity Name
LUTZ CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1 LUTZ, FL 33548	P.O. BOX 1 LUTZ, FL 33548

04132004 Chg-NP CR2E037 (10/03)

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 59-2371532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEEKER, CAROLYN
17027 HANNA RD
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name: Ardyth Bahr
Street Address (P.O. Box Number is Not Acceptable): 19115 Alice Cir
City: Lutz FL Zip Code: 33558

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: Ardyth Bahr ARDYTH BAHR 4-14-2004
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 May 1, 2004

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	PD LAYNE, DENISE 2504 AYERS HILL CT. LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, MARION P.O. BOX 1092 LUTZ, FL 33548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEEKER, CAROLYN 17027 HANNA RD. LUTZ, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARDYTH BAHR 19115 Alice Cir Lutz FL 33558	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ROBERT 1841 LIVINGSTON AVE. LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKINGHAM, RURALEE 19216 BLOUNT ROAD LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLZIN, STEVE 17512 DRAKE CT. LUTZ, FL 33549	☐ 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 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: Ardyth Bahr ARDYTH BAHR 4-14-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #