2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT #753581** 05-01-2006 90478 042 ****61.25 LUTZ CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 1 P.O. BOX 1 LUTZ, FL 33548 **LUTZ, FL 33548** 50017659 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 59-2371532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAHR, ARDYTH Street Address (P.O. Box Number is Not Acceptable) 19115 ALICE CIR LUTZ, FL 33558 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition Change LAYNE, DENISE ELEANOR CECUL NAME NAME STREET ADDRESS 2504 AYERS HILL CT. STREET ADDRESS 1701 CURRY ROAD CITY-ST-ZIP LUTZ, FL 33549 LUTZ FL 33549 CITY-ST-7IP S TITLE Delete tm F Addition SMITH MARION NAME JAY MUFFLY P.O. BOX 1092 STREET ADDRESS STREET ADDRESS 102 5th AVE S.E. CITY-ST-7IP **LUTZ, FL 33548** CITY-ST-ZIP LUTZ FL 33549 IIITÉ ☐ Detete TITLE Change ☐ Addition BAHR, AROYTH ARDYTH BAHL NAME STREET ADDRESS 19115 ALICE CIR STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558 CITY-ST-ZIP TILE ☐ Delete MLE ☐ Change Addition SHARON ESPINOLA MOORE, ROBERT NAME NAME STREET ADDRESS 1841 LIVINGSTON AVE. 504 SHADOW GROVE CT STREET ADDRESS CITY-ST-7(P LUTZ, FL 33549 CITY-ST-ZIP LUTZ, 71 33548 TITLE Delete tms Change ☐ Addition **BUCKINGHAM, RURALEE** NAME NAME AURALEE BUCKINGHAM STREET ADDRESS 19216 BLOUNT ROAD STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition POLZIN, STEVE NAME STREET ADDRESS 17512 DRAKE CT. STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP 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 cath; 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. HRDYTH BAHR SIGNATURE:

FILED