2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 753581

Entity Name: LUTZ CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1
LUTZ, FL 33548

New Principal Place of Business:

98 FIRST AVE NW
LUTZ, FL 33548

Current Mailing Address:

P.O. BOX 1
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-2371532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAHR, ARDYTH
19115 ALICE CIR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	CECIL, ELEANOR	
Address:	1701 CURRY RD	
City-St-Zip:	LUTZ, FL 33549	
Title:	S	( ) Delete
Name:	SMITH, MARION	
Address:	P.O. BOX 1092	
City-St-Zip:	LUTZ, FL 33548	
Title:	T	( ) Delete
Name:	ARDYTH, BAHR	
Address:	19115 ALICE CIR	
City-St-Zip:	LUTZ, FL 33558	
Title:	D	( ) Delete
Name:	MOORE, ROBERT	
Address:	1841 LIVINGSTON AVE.	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	BUCKINGHAM, AURALEE	
Address:	19216 BLOUNT ROAD	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	POLZIN, STEVE	
Address:	17512 DRAKE CT.	
City-St-Zip:	LUTZ, FL 33549	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MUFFLY, JAY	
Address:	102 5TH AVE	
City-St-Zip:	LUTZ, FL 33549	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	POLZIN, STEVE	
Address:	17512 DRAKE CT.	
City-St-Zip:	LUTZ, FL 33549	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARDYTH BAHR S 04/25/2007
Electronic Signature of Signing Officer or Director — Date