

# 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 # 762955 (3)**

1. Corporation Name

**LAKES IN REGENCY PARK CIVIC ASSN., INC.**

Principal Place of Business

**8330 CIVIC DRIVE  
PORT RICHEY FL 34668**

Mailing Address

**8330 CIVIC DRIVE  
PORT RICHEY FL 34668**



3. Date Incorporated or Qualified  
**04/22/1982**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

**MARKS, MARTIN  
9208 DERBY LN  
PT RICHEY FL 34668**

81 Name

**Lester Bloom**

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

**9308 Barrington Lane**

83 City

**Port Richey**

84 City

**FL**

85 Zip Code

**34668**

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

*Lester Bloom President*

(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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POWERS, MARY</b>	
STREET ADDRESS	<b>9223 RICHWOOD LA</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOOM, LESTER</b>	
STREET ADDRESS	<b>9308 BARRINGTON LA</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DEFIORE, ANTHONY</b>	
STREET ADDRESS	<b>9420 BARRINGTON LA</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARD LANGOLF</b>	
STREET ADDRESS	<b>6445 MOREHEAD LN</b>	
CITY-ST-ZIP	<b>PT RICHEY FL 34668</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> DELETE
NAME	<b>BILL GELWIN</b>	
STREET ADDRESS	<b>9303 MOREHEAD LN</b>	
CITY-ST-ZIP	<b>PT RICHEY FL 34668</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>***\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>Vice President - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Nicholas Bounghiorno</b>
4.3 STREET ADDRESS	<b>9140 Barrington Lane</b>
4.4 CITY-ST-ZIP	<b>Port Richey, FL 34668</b>
5.1 TITLE	<b>Secretary - T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Martin Marks</b>
5.3 STREET ADDRESS	<b>9908 Derby Lane</b>
5.4 CITY-ST-ZIP	<b>Pt. Richey, FL 34668</b>
6.1 TITLE	<b>TRUSTEE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>ED MURPHY</b>
6.3 STREET ADDRESS	<b>9331 WOLCOTT LN</b>
6.4 CITY-ST-ZIP	<b>PT RICHEY FL 34668</b>

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:

*Lester Bloom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-96**

**868-9865**

Date

Daytime Phone #

CR2E037 (12/95)

13-18-1996