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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

8330 CIVIC DRIVE
PORT RICHEY FL 34668

8330 CIVIC DRIVE
PORT RICHEY FL 34668-4403

3. Date Incorporated or Qualified
04/22/1982

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-0241302

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

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

BLOOM, LESTER
9308 BARRINGTON LN
PT RICHEY FL 34668

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

Lester Bloom
Signature, typed or printed name of registered agent and title if applicable.

LESTER BLOOM PRESIDENT

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME BOUNGIORNO, NICHOLAS
STREET ADDRESS 9140 BARRINGTON LN
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME BLOOM, LESTER
STREET ADDRESS 9308 BARRINGTON LN
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME DEFIORE, ANTHONY
STREET ADDRESS 9420 BARRINGTON LA
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME LANGOLE, ANN
STREET ADDRESS 9445 MARLINGTON LN
CITY-ST-ZIP PT RICHEY FL 34668 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GODWIN, BILL
STREET ADDRESS 9323 MOREHEAD LN
CITY-ST-ZIP PT. RICHEY FL 34668 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST
NAME MARKS, MARTIN
STREET ADDRESS 9208 DERBY LN
CITY-ST-ZIP PT. RICHEY FL 34668 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Lester Bloom

4-21-97 868-9015

CR2E037 (9/96)