


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Oct 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**04/22/1982**

4. FEI Number

**59-0241302**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLOOM, LESTER  
9308 BARRINGTON LN  
PT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

**FRANK APOLLO**

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

**9750 RAINELLE LANE**

83

84 City

**PORT RICHEY**

**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

**FRANK APOLLO**

**9-14-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOUNGIORNO, NICHOLAS</b>	
STREET ADDRESS	<b>9140 BARRINGTON LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLOOM, LESTER</b>	
STREET ADDRESS	<b>9308 BARRINGTON LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	

TITLE	<b>T</b>	<input checked="" 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>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANGOLE, ANN</b>	
STREET ADDRESS	<b>9445 MARLINGTON LN</b>	
CITY-ST-ZIP	<b>PT RICHEY FL 34668</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GODWIN, BILL</b>	
STREET ADDRESS	<b>9323 MOREHEAD LN</b>	
CITY-ST-ZIP	<b>PT, RICHEY FL 34668</b>	

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARKS, MARTIN</b>	
STREET ADDRESS	<b>9208 DERBY LN</b>	
CITY-ST-ZIP	<b>PT, RICHEY FL 34668</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>APOLLO, FRANK</b>	
1.3 STREET ADDRESS	<b>9750 RAINELLE LANE</b>	
1.4 CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

2.1 TITLE	<b>VICE PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAPORITO, DAN</b>	
2.3 STREET ADDRESS	<b>9647 MOREHEAD LN. PORT RICHEY FL. 34668</b>	
2.4 CITY-ST-ZIP	<b>PORT RICHEY FL. 34668</b>	

3.1 TITLE	<b>TRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MURPHY, PHYLLIS</b>	
3.3 STREET ADDRESS	<b>9331 WOLCOT LANE</b>	
3.4 CITY-ST-ZIP	<b>PORT RICHEY FL. 34668</b>	

4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SCHWAID, BLANCHE</b>	
4.3 STREET ADDRESS	<b>8142 PENWOOD DR. LN.</b>	
4.4 CITY-ST-ZIP	<b>PORT RICHEY, FL. 34668</b>	

5.1 TITLE	<b>TREAS.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>COHEN, BERNICE</b>	
5.3 STREET ADDRESS	<b>9324 WHITMAN LA.</b>	
5.4 CITY-ST-ZIP	<b>PORT RICHEY, FL. 34668</b>	

6.1 TITLE	<b>TREAS.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KRASOWSKI, HELEN</b>	
6.3 STREET ADDRESS	<b>8214 FOV HOLLOW DR.</b>	
6.4 CITY-ST-ZIP	<b>PORT RICHEY, FL. 34668</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

**FRANK APOLLO** **9-14-98**

**727 861-7357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (5/98)