


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 09, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N00000004836</b><br>1. Entry Name<br><b>LAKE STEMPER CIVIC ASSOCIATION, INC.</b>   |  |   |  |                                      |  |
| Principal Place of Business<br><b>18230 CYPRESS COVE RD<br/>LUTZ FL 33549</b>  |  | Mailing Address<br><b>18230 CYPRESS COVE RD<br/>LUTZ FL 33549</b>               |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country        |  |   |  |
| 4. FEI Number<br><b>59-3670258</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                          |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SCOTT, LYLE<br/>18230 CYPRESS COVE LANE<br/>LUTZ FL 33549</b>   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 _____  |  |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>   |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D <input type="checkbox"/> Delete<br><b>LYLE, SCOTT<br/>18230 CYPRESS COVE LN<br/>LUTZ FL 33549</b>    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000222637<br/>02/10/05-80008-017 61.25</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D <input type="checkbox"/> Delete<br><b>SAUERWEIN, PEGGY<br/>18202 CYPRESS COVE ROAD<br/>LUTZ FL</b>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D <input type="checkbox"/> Delete<br><b>ANDERSON, BRET<br/>18230 CYPRESS COVE RD<br/>LUTZ FL 33549</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D <input type="checkbox"/> Delete<br><b>VANBEBBER, GREG<br/>220 NEVEL ROAD<br/>LUTZ FL</b>             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

*Bret Anderson*

2/6/05

813/948-1630