

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 023 ****61.25

DOCUMENT # N03000009396					
1. Entity Name LOWRY PARK CENTRAL CIVIC ASSOCIATION, INC.					
Principal Place of Business 1315 W CLINTON ST TAMPA, FL 33604			Mailing Address 1315 W CLINTON ST TAMPA, FL 33604		
2. Principal Place of Business		3. Mailing Address 1311 W. Clinton			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL			
Zip	Country	Zip	Country	33604 USA	
6. Name and Address of Current Registered Agent DUSEK, STEVEN G 1315 W CLINTON ST TAMPA, FL 33604-4725				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUSEK, STEVEN 1315 W CLINTON ST TAMPA, FL 336044725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Roman, Joe 1310 W. Hollywood Tampa, FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTIN, GALE 8002 N BLVD TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete Resigned	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OVARLET, RON 821 WHATLEY PL TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete Resigned	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLZ, NORBERT 1311 W CLINTON ST. TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - acting T - S Holz, Norbert 1311 W. Clinton Tampa, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMSON, MARY J 7712 N. ORLEANS AVE TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete Resigned	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD DYBLE, DON C 8023 N. LYNN AVE TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<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)(i), 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:		Norbert Holz V acting T -		1/11/05 (813) 932-0707	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 30-0199859 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required