

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009396

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** LOWRY PARK CENTRAL CIVIC ASSOCIATON, INC.

**Current Principal Place of Business:**

1315 W CLINTON ST  
TAMPA, FL 33604

**New Principal Place of Business:**

1311 W CLINTON ST  
TAMPA, FL 33604

**Current Mailing Address:**

1311 W. CLINTON  
TAMPA, FL 33604

**New Mailing Address:**

1311 W CLINTON ST  
TAMPA, FL 33604

FEI Number: 30-0199859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUSEK, STEVEN G  
1315 W CLINTON ST  
TAMPA, FL 336044725 US

**Name and Address of New Registered Agent:**

HOLZ, NORBERT  
1311 W. CLINTON ST.  
TAMPA, FL 33604 US

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.

SIGNATURE: NORBERT HOLZ

07/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DUSEK, STEVEN  
Address: 1315 W CLINTON ST  
City-St-Zip: TAMPA, FL 336044725

Title: VTS (X) Delete  
Name: HOLZ, NORBERT  
Address: 1311 W CLINTON STREET  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLZ, NORBERT  
Address: 1311 W. CLINTON ST.  
City-St-Zip: TAMPA, FL 33604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERT HOLZ

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date