

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002911

1. Entity Name
LUTZ NATURE PARK INC.



Principal Place of Business
**766 LUTZ LAKE FERN RD.
LUTZ, FL 33548 US**

Mailing Address
**LUTZ NATURE PARK INC.
PO BOX 1923
LUTZ, FL 33548 US**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
27-0120213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DONOVAN, TERRY
19019 US HWY 41 N.
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DONOVAN, TERRY
STREET ADDRESS	19019 US HWY 41 N
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S/T
NAME	BUCKINGHAM, AURALEE
STREET ADDRESS	19216 BLOUNT RD.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	MUFFLY, JAY
STREET ADDRESS	102 5TH AVE. SE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	HOEDT, PHYLLIS
STREET ADDRESS	202 W. LUTZ LAKE FERN RD.
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	D
NAME	FELSENTHAL, HARRY
STREET ADDRESS	1510 CANNONADE CT.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	CECIL, ELEANOR
STREET ADDRESS	1701 CURRY RD.
CITY-ST-ZIP	LUTZ, FL 33549

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Terry Donovan* **TERRY DONOVAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08

Date

813-949-6659

Daytime Phone #