

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002911

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** LUTZ NATURE PARK INC.

**Current Principal Place of Business:**

766 LUTZ LAKE FERN RD.  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 27-0120213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: DONOVAN, TERRY  
Address: 19019 US HWY 41 N  
City-St-Zip: LUTZ, FL 33549 US

Title: CO-S  
Name: WYNN, JUDI  
Address: 101 1ST CT. NW  
City-St-Zip: LUTZ, FL 33548 US

Title: D  
Name: MUFFLY, JAY  
Address: 102 5TH AVE. SE  
City-St-Zip: LUTZ, FL 33549 US

Title: D  
Name: HOEDT, PHYLLIS  
Address: 202 W. LUTZ LAKE FERN RD.  
City-St-Zip: LUTZ, FL 33548 US

Title: D  
Name: FELSENTHAL, HARRY  
Address: 1510 CANNONADE CT.  
City-St-Zip: LUTZ, FL 33549 US

Title: D  
Name: KINTZEL, JOE  
Address: 17306 LINDA VISTA CR.  
City-St-Zip: LUTZ, FL 33548 US

I hereby 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 all other like empowered.

SIGNATURE: TERRY DONOVAN

P/T

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date