2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005646

1. Entity Name
LAMAR DE VILLA CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 21, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1902 LAMAR AVENUE TAMPA, FL 33602	C/O ELSIE TYLER - P. O. BOX 91463 LAKELAND, FL 33804 US

07142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4936407
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, FRANKLIN A
2906 NORTH ELMORE AVENUE
TAMPA, FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUZ, FRANKLIN A
STREET ADDRESS	2906 NORTH ELMORE AVENUE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	CRUZ, BRIDGETT
STREET ADDRESS	P. O. BOX 172837
CITY-ST-ZIP	TAMPA, FL 33672
TITLE	D
NAME	TYLER, ELSIE
STREET ADDRESS	P. O. BOX 91463
CITY-ST-ZIP	LAKELAND, FL 33804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000958106
08/21/08-80003-009.70.00

DO NOT WRITE IN THIS SPACE

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: [signature] Elsie E. Tyler 7-14-08 863-815-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #