2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # N22894 1. Entity Name 03-08-2005 90165 032 ****61.25 LAKE PALMER CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address % OBERLY, GLADYS, M 7730 SUMMERTREE LN % OBERLY, GLADYS, M 7730 SUMMERTREE LN **NEW PORT RICHEY FL 34653** NEW PORT RICHEY FL 34653 2. Principal Place of Business 3. Mailing Address 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For 37-8098280 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVITT, SHERRI Street Address (P.O. Box Number is Not Acceptable) 7535 BIRDWOOD COURT **NEW PORT RICHEY FL 34653** Zip Code City 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE GERANO, SANDY NAME NAME 7547 BIRDWOOD CT STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP Delete STRINGFELLOW, MARVIN NAME NAME 7700 SUMMERTREE LN STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE OBERLY, GLADYS M NAME NAME 7130 SUMMER TREE LN STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE LEVITT, SHERRY NAME 7535 BIRDWOOD CT STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-7IP CUY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 suppliemental 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

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