

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N22894

1. Entity Name
LAKE PALMER CIVIC ASSOCIATION, INC.



Principal Place of Business
**7650 SUMMERTREE LN
NEW PORT RICHEY, FL 34653 US**

Mailing Address
**7650 SUMMERTREE LN
NEW PORT RICHEY, FL 34653 US**



01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 37-8098280 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**LEVITT, SHERRI
7535 BIRDWOOD COURT
NEW PORT RICHEY, FL 34653**

**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

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

(NOTE: Registered Agent signature required when reinstating)

1/8/2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000581481
01/10/07-80089-016 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V O'NEIL, TIM 7636 SUMMERTREE LN NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HART, MARILYN 7650 SUMMERTREE LN NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVITT, MICHAEL 7535 BIRDWOOD COURT NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEVITT, SHERRY 7535 BIRDWOOD CT NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'NEIL, MYRA 7636 SUMMERTREE LN NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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:

Sherry Levitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2007 227 8150015