

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N29982

1. Entity Name
**CASA DEL LAGO HOMEOWNERS' ASSOCIATION OF
LUTZ, INC.**



Principal Place of Business
**1022 LAKE COOPER DR.
LUTZ, FL 33548 US**

Mailing Address
**1022 LAKE COOPER DR.
LUTZ, FL 33548 US**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2925602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURMAN, STEVE
1022 LAKE COOPER DR.
LUTZ, FL 33548**

**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 reinstating)

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

U000000578818
01/09/07-80045-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, AL 1003 LAKE COOPER DR LUTZ, FL 33548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRUE, AMY 1003 LAKE COOPER DR. LUTZ, FL 33548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURMAN, STEVE 1013 LAKE COOPER DR. LUTZ, FL 33548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN PAUL MURMAN

Date

1/4/07

Daytime Phone #

(813) 909-4734