## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # N42795  1. Entity Name WITHLAPOPKA, CIVIC ASSOCIATION, INC.									03-2	21-200:	5 90119	9 028 **	***61	1.25
Principal Place of Business 10853 E. GOBBLER FLORAL CITY, FL 34436				Mailing Address PO BOX 110 FLORAL CITY, FL 34436								<b>5</b> 0(	129	1423
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02152005 Chg-NP CR2E037 (10/03)						
City & State			City & State					4. FEI Numbe 59-306				-		plied For t Applicable
Zip	Country		Zip	Zip		Country		5. Certificate	of Status	Desired		\$8.75 Fee Re	Add	litional d
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address	s of New	Registere	d Agent		
HARE AM	IBROSE					Name Mar	cia	Callac	hor			,		
HARE, AMBROSE 10670 E LAUREL CT FLORAL CITY, FL 34436					Marcia Gallagher Street Address (P.O. Box Number is Not Acceptable) 10610 E. Gobbler Drive									
	,					City						T-5.		
						Flo	ral	City			_		43	
the obligat	tions of registr	y submits this statement fered agent.	In	Marci				ed agent, or bo	ith, in the	State of F	-lorida. 1 a	m familiar 5/05	with,	and accept
SIGNATURE :	Signature, typed	or printed name of registered ager	it and title it	licable (NOT				when reinstating)			DAT	E		<del></del>
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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 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: