



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 018 \*\*\*\*61.25

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # N42795</b><br>1. Entity Name<br><b>WITHLAPOPKA, CIVIC ASSOCIATION, INC.</b>  |   |   |  |   |   |
| Principal Place of Business<br><b>10853 E. GOBBLER<br/>FLORAL CITY, FL 34436</b>   |   |   | Mailing Address<br><b>PO BOX 110<br/>FLORAL CITY, FL 34436</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>11104 E. FLOUNDER</b>   |   | 3. Mailing Address<br><b>11104 E. FLOUNDER DR.</b>                                  |  |    |   |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>   |  | 04142008    Chg-NP    CR2E037 (12/06)  |   |
| City & State<br><b>FLORAL CITY FL</b>  |   | City & State<br><b>FLORAL CITY FL</b>   |  | 4. FEI Number<br><b>59-3063858</b>   |   |
| Zip<br><b>34436</b>  |   | Country<br><b>CITRUS</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |   |
| 6. Name and Address of Current Registered Agent<br><b>GALLAGHER, MARCIA<br/>10610 E GOBBLER DR<br/>FLORAL CITY, FL 34436</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>IRONS, LOIS<br>11749 E HAWK LN<br>FLORAL CITY, FL 34436           | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>LOVETT, ESTHER<br>11170 SALMON<br>FLORAL CITY, FL 34436           | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>TD PEGGY RUSHFORD<br/>5707 S. WITHLAPOPKA DRIVE</b>                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>CHANDLER, JUDY<br>5615 SOUTH PERCH DR<br>FLORAL CITY, FL 34436    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>METTS, LUCY<br>5275 ALLIGATOR<br>FLORAL CITY, FL 34436            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DUNLOP, RAY<br>6793 WHIPPOORWILL CIR<br>FLORAL CITY, FL 34436      | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>TD RUSSELL EDWARDS<br/>5835 S. MARLIN DRIVE<br/>FLORAL CITY FL 34436</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BRUNSWICK, SUSIE<br>11155 E. SALMON DRIVE<br>FLORAL CITY, FL 34436 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>TD LAMAR METTS<br/>5275 ALLIGATOR<br/>FLORAL CITY, FL 34436</b>          |
| 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. |   |   |  |  |   |
| <b>SIGNATURE:</b> <i>Judy Chandler</i> <b>JUDY CHANDLER</b> 4-13-08    552-7704  |   |   |  |  |   |

40070309

#N42795

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**Document Number** N42795  
**Business Entity Name** WITHLAPOPKA, CIVIC ASSOCIATION, INC.  
**FEI Number** 593063858  
**FEI Number Status**  
**Certificate of Status Desired** No

**Election Campaign Financing Trust Fund Contribution** No

### Principal Place of Business

**Address** 11104 E. FLOUNDER DRIVE  
**City, State** FLORAL CITY, FL  
**Zip Code & Country** 34436

### Mailing Address

**Address** 11104 E. FLOUNDER DRIVE  
**City, State** FLORAL CITY, FL  
**Zip Code & Country** 34436

### Name And Address of Registered Agent

**Name (Last, First, Middle, Title)** GALLAGHER, MARCIA  
**Address** 10610 E GOBBLER DR  
**City, State** FLORAL CITY, FL  
**Zip Code & Country** 34436 US

### Officer/Director Name And Address

#### Name And Address #1

**Title** PD  
**Name (Last, First, Middle, Title)** IRONS, LOIS  
**Street Address** 11749 E HAWK LN  
**City, State** FLORAL CITY, FL  
**Zip Code & Country** 34436

#### Name And Address #2

**Title** VD

ATTACHMENT

# N42795

40070309

Name (Last, First, Middle, Title) METTS, LUCY  
Street Address 5275 ALLIGATOR  
City, State FLORAL CITY, FL  
Zip Code & Country 34436

**Name And Address #3**

Title SD  
Name (Last, First, Middle, Title) CHANDLER, JUDY  
Street Address 5615 SOUTH PERCH DR  
City, State FLORAL CITY, FL  
Zip Code & Country 34436

**Name And Address #4**

Title TD  
Name (Last, First, Middle, Title) RUSHFORD, PEGGY  
Street Address 5707 S. WITHLAPOPKA DRIVE  
City, State FLORAL CITY, FL  
Zip Code & Country 34436

**Name And Address #5**

Title D  
Name (Last, First, Middle, Title) EDWARDS, RUSSELL  
Street Address 5835 S. MARLIN DRIVE  
City, State FLORAL CITY, FL  
Zip Code & Country 34436

**Name And Address #6**

Title D  
Name (Last, First, Middle, Title) BRUNSWICK, SUSIE  
Street Address 11155 E. SALMON DRIVE  
City, State FLORAL CITY, FL  
Zip Code & Country 34436

Title SD  
Officer/Director Signature JUDY CHANDLER

[Continue](#)

D  
LAMAR METTS  
5275 ALLIGATOR  
FLORAL CITY, FL 34436