

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000774

FILED
Jul 07, 2005
Secretary of State

Entity Name: LAKE WINNEMISSETT CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

107 E CHURCH ST
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

110 LAKE WINNEMISSETT DRIVE
DELAND, FL 32724

New Mailing Address:

107 E. CHURCH ST
DELAND, FL 32724

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARRY, ASTRID DE
107 E CHURCH ST
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KROPP, MARCIA
Address: 123 LAKE WINNEMISSETT DR.
City-St-Zip: DELAND, FL 32724

Title: P () Delete
Name: JAMES, SLOANE
Address: 630 LAKE WINNEMISSETT DR.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: ASTRID, PARRY DE
Address: 113 LAKE WINNEMISSETT DR
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: BRASSARD, BARRY V
Address: 130 INTERLAKE AVE
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: LEVINGS, CHRISTINE
Address: 415 LAKE WINNEMISSETT DRIVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTRID DE PARRY

D

07/07/2005

Electronic Signature of Signing Officer or Director

Date