

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000774

FILED  
Mar 03, 2006  
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:**

107 E. CHURCH ST  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**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 Chapter 119, 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: JAMES SLOANE

P

03/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date