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03-01-1999 90077 023 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005765

1. Corporation Name

LUTZ/LAKE FERN NEIGHBORHOOD GROUPS, INC.

Principal Place of Business

1315 ANGLERS LANE
LUTZ FL ~~33546~~

33549

Mailing Address

1315 ANGLERS LANE
LUTZ FL ~~33546~~

33549



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

33549

Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

33549

Country

USA

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

59-3538826

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **WILSON, JANET**
STREET ADDRESS **1315 ANGLERS LANE**
CITY-ST-ZIP **LUTZ FL 33546**

TITLE **D** ☒ DELETE
NAME **PADGETT, LARRY**
STREET ADDRESS **1315 ANGLERS LANE**
CITY-ST-ZIP **LUTZ FL 33546**

TITLE **D** ☒ DELETE
NAME **EPPERSON, JOEL R**
STREET ADDRESS **1315 ANGLERS LANE**
CITY-ST-ZIP **LUTZ FL 33546**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT P/D** ☒ Change ☐ Addition
1.2 NAME **WILSON, JANET**
1.3 STREET ADDRESS **1315 ANGLERS LANE**
1.4 CITY-ST-ZIP **LUTZ, FL 33549**

2.1 TITLE **VICE-PRESIDENT VP** ☒ Change ☐ Addition
2.2 NAME **PADGETT, LARRY**
2.3 STREET ADDRESS **1315 ANGLERS LANE**
2.4 CITY-ST-ZIP **LUTZ, FL 33549**

3.1 TITLE **SECRETARY S/D** ☒ Change ☐ Addition
3.2 NAME **EPPERSON, JOEL R.**
3.3 STREET ADDRESS **1315 ANGLERS LANE**
3.4 CITY-ST-ZIP **LUTZ, FL 33549**

4.1 TITLE **TREASURER T/D** ☐ Change ☒ Addition
4.2 NAME **WILSON, FREDERICK G.**
4.3 STREET ADDRESS **1315 ANGLERS LANE**
4.4 CITY-ST-ZIP **LUTZ, FL 33549**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:

Janet Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/99

813/949-9277

Date

Daytime Phone #

CR2E037 (11/98)