## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 07, 2003 8:00 am Secretary of State

1. Entity Na	me	# 706641 EIVIC ASSOCIATION	I, INC.	<u>*************************************</u>		0.	4-07-2003 S	90165 017 **	***61	1.25	
Principal Place of Business 2110 GULFVIEW OR (HOLIDAY 34691) P O BOX 103 TARPON SPRINGS FL 34688		Mailing Address 2110 GULFVIEW DR (HOLIDAY 34691) P O BOX 103 TARPON SPRINGS FL 34688		 	nik anu k anni anari	Hali alkii alah alabi	from on	(4 <b>8 18</b> 0 <b>) 8 1</b> 1			
2. Principal Place of Business		3. Mailing Address							n High inn		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Number 50	-1776288			pplied For ot Applicable	}
Zip Country		Zip			5. Certificate of St	atus Desired		5 Add Require	ditional ad	]	
	6. Name	and Address of Current	1 Registered Agent			7. Name and Add	ress of New Re	egistered Agent			].
	اسمنتي				Name		نيم ساد د منتشفيد	موسعت هيد ال			-
HARRILL, J. B. 3224 BLUFF BLVD				Street Address (P.O. Box Number is Not Acceptable)					1		
HOLIDAY FL 34691								- TZ	ip Cod	<u> </u>	$\frac{1}{2}$
The above named entity submits this statement for the purpose of changing its re-				_ !	City			rı j			1
SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Registered	I Agent algosture required	when reinstating)		DATE			
#3	FILE NOW	: FEE IS \$61.25	Trus	tion Campaign Fi t Fund Contribute		\$5.00 May Be Added to Fees		e Check Pay a Departmen			
		OFFICERS AND DI	Trus		on. D		Florida	a Departmen	t of S	State	
10. TIDE NAME	PD SCHWART	OFFICERS AND DI	Trus	t Fund Contribution  11.  TITLE NAME	on.	Added to Fees	Florida	a Departmen	t of S	State	7 (10/09)
#3 10. ∏D,E	PD SCHWART 2106 GUL	OFFICERS AND DI Z. DONALD FVIEW DRIVE	RECTORS	t Fund Contribution  11. TITLE NAME STREE	on. D	Added to Fees	Florida S TO OFFICER	a Departmen	ors in	tate 10	637 (10/02)
10. TIP,E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHWART. 2106 GULI HOLIDAY F D DOWD, KIR	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691	RECTORS	11.  11.  ITHE NAME STREE CITY-  THE NAME NAME NAME NAME NAME NAME NAME	et address	Added to Fees	Florida S TO OFFICER	a Departmen	ORS IN	tate 10	CR2FA37 (10)ng)
10. TITJE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	PD SCHWART 2106 GUL HOUDAY F	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691	RECTORS Defi	11.  11.  ITHE NAME STREE CITY-  THE NAME STREE STREE STREE NAME STREE	et address	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	DRS IN hange	10 Addition	CROFART
10.  TIP,E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD SCHWART 2106 GUL HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F D KELLER, G 2107 GULF	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691 M FF BLVD FL 34691 MARY FVIEW DRIVE	RECTORS Defi	11.  11.  TITLE NAME STREE CITY- tle  TITLE NAME STREE CITY- TITLE NAME STREE CITY- THE NAME STREE CITY- TO THE NAME STREE CITY- TO THE NAME STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	DRS IN hange	10 Addition	CROFART
10.  TIP,E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHWART. 2106 GULI HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F D KELLER, G	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691 M FF BLVD FL 34691 MARY FVIEW DRIVE	RECTORS  Defe	t Fund Contribution  11.  tte TITLE NAME STREE CITY- tte TITLE NAME STREE CITY- tte NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	DRS IN hange	Addition Addition	CROFART
10.  TIP,E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHWART 2106 GUL HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F D KELLER, G 2107 GULF HOLIDAY F TD CARLSON, 2039 GULF	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691 M FF BLVD FL 34691 MARY FVIEW DRIVE FL 34691 DEBBIE FVIEW DR	RECTORS Defe	t Fund Contribution  11.  11.  TITLE NAME STREE CITY-  te TITLE NAME STREE CITY-  49 TITLE NAME STREE CITY-  49 TITLE NAME STREE CITY-  TAME STREE CITY-  TAME STREE CITY-  TAME STREE STREE STREE STREE STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	DRS IN hange	10 Addition	CROFART
10.  TIV,E NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SCHWART 2106 GUL HOUDAY F D DOWD, KIN 3225 BLUF HOLIDAY F CAPLSON, 2039 GULF HOLIDAY F TD CAPLSON, 2039 GULF HOLIDAY F SD	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691 M FF BLVD FL 34691 MARY FVIEW DRIVE FL 34691 DEBBIE FVIEW DR FL 34691	RECTORS  Defe	t Fund Contribution  11.  11.  Italian Title NAME STREE CITY-  Re TITLE NAME STREE CITY-  Re TITLE NAME STREE CITY-  Re TITLE NAME STREE CITY-  THE TITLE NAME STREE CITY-  THE TITLE NAME STREE CITY-  THE TITLE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	t of S	Addition Addition	CROFART
10.  TID,E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD SCHWART 2106 GULI HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F CAFLSON, 2039 GULF HOLIDAY F SD DUNN, JUE 3201 BLUF	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691  M FF BLVD FL 34691  ARRY FVIEW DRIVE FL 34691  DEBBIE FVIEW DR FL 34691  DY F BLVD	RECTORS  Deta	t Fund Contribution  11.  11.  TITLE NAME STREE CITY-  TITLE NAME STREE CITY-  THE NAME STREE CITY-	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	t of S	Addition Addition	CROFART
10.  TIP,E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SCHWART 2106 GULI HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F TD KELLER, G 2107 GULF HOLIDAY F TD CARLSON, 2039 GULF HOLIDAY F SD DUNN, JUI 3201 BLUF HOLIDAY F	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691  M FF BLVD FL 34691  DEBBIE FVIEW DRIVE FL 34691  DEBBIE FVIEW DR FL 34691  DY FF BLVD FL 34691	RECTORS  Deta	t Fund Contribution  11.  11.  11.  11.  11.  11.  11.  1	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	t of S  PRS IN  hange  range  ange	Addition Addition	CROFART
10.  TID,E NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PD SCHWART 2106 GULI HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F CAFLSON, 2039 GULF HOLIDAY F SD DUNN, JUI 3201 BLUF HOLIDAY F VPD ACKLEY, K	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691  M FF BLVD FL 34691  ARRY DEBBIE FVIEW DRIVE FL 34691  DEBBIE FVIEW DR FL 34691  DY F BLVD FL 34691	RECTORS  Deta  Deta	11.  11.  Ite TITLE NAME STREE CITY-  ITE NAME STREE CITY-  ITTLE NAME	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	t of S  PRS IN  hange  range  ange	Addition Addition Addition	CROFART
10.  TID,E NAME STREET ADORESS CITY-SI-ZIP TITLE NAME STREET ADORESS	PD SCHWART 2106 GULI HOLIDAY F D DOWD, KIN 3225 BLUF HOLIDAY F TD KELLER, G 2107 GULF HOLIDAY F TD CARLSON, 2039 GULF HOLIDAY F SD DUNN, JUI 3201 BLUF HOLIDAY F	OFFICERS AND DI Z, DONALD FVIEW DRIVE FL 34691  M FF BLVD FL 34691  ARRY FVIEW DRIVE FL 34691  DEBBIE FVIEW DR FL 34691  DY F BLVD FL 34691	RECTORS  Deta  Deta	11.  11.  Ite TITLE NAME STREE CITY-  ITE NAME STREE CITY-  ITTLE NAME	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS	Added to Fees	Florida S TO OFFICER	S AND DIRECTO	t of S  PRS IN  hange  range  ange	Addition Addition Addition	CROFART

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: