

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720215

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** PINE ACRES CIVIC ASSOC., INC.

**Current Principal Place of Business:**

6649 BERNADEAN BLVD  
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

**Current Mailing Address:**

6649 BERNADEAN BLVD  
PUNTA GORDA, FL 33982 US

**New Mailing Address:**

FEI Number: 80-0533117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KALMAN, JUDITH  
1821 JUDITH LANE  
PUNTA GORDA, FL 33982 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: PRES  
Name: SCIACCA, CARLA  
Address: 6626 JACK STREET  
City-St-Zip: PUNTA GORDA, FL 33982

Title: V-PR  
Name: KALMAN, JUDITH  
Address: 1821 JUDITH LANE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: S  
Name: SCOTT, JANET  
Address: 1836 KEITH DR.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: T  
Name: WILLIAMS, CHARLOTTE  
Address: 1812 POLLY COURT  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D  
Name: AIKENS, ARTHUR  
Address: 6832 BERNADEAN BLVD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D  
Name: DARDIS, TOM  
Address: 1820 KEITH DR.  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby 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 all other like empowered.

SIGNATURE: CARLA SCIACCA

PRES

02/06/2012

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

\_\_\_\_\_  
Date