

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727831** (0)

1. Corporation Name
EMBASSY HILLS CIVIC ASSN., INC.

Principal Place of Business Mailing Address
9509 PALM AVENUE PORT RICHEY FL 34668-4647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/22/1973** 3a. Date of Last Report **01/27/1994**
4. FEI Number **23-7351982** Applied For
Net Applicable

2. Principal Place of Business 2a. Mailing Address
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ALBRECHT, MARION
7008 MAPLEHURST DR
PORT RICHEY FL 34668~~

B1 Name **DONALD STICKLER**
B2 Street Address (P.O. Box Number is Not Acceptable) **7150 ISLE DRIVE**
B3
B4 City **PORT RICHEY** FL B5 Zip Code **34668**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Donald Stickler*

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

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME ~~ALBRECHT, MARION~~
STREET ADDRESS ~~7008 MAPLEHURST DR~~
CITY - ST - ZIP ~~PORT RICHEY FL XXX~~

1.1 TITLE **P** Change Addition
1.2 NAME **DONALD STICKLER**
1.3 STREET ADDRESS **7150 ISLE DRIVE**
1.4 CITY - ST - ZIP **PORT RICHEY, FL. 34668**

TITLE **V**
NAME **DOBERSTYN, RUTH**
STREET ADDRESS **7315 EMBASSY BLVD.**
CITY - ST - ZIP **PORT RICHEY FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **T**
NAME **MAHON, LEORA**
STREET ADDRESS **6812 SANDALWOOD**
CITY - ST - ZIP **PORT RICHEY, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME ~~BERGMAN, ROOP~~
STREET ADDRESS ~~7007 STONE ROAD~~
CITY - ST - ZIP ~~PORT RICHEY, FL 00000~~

4.1 TITLE **D** Change Addition
4.2 NAME **PEARL STEINMAN**
4.3 STREET ADDRESS **7331 OAKSHIRE DR.**
4.4 CITY - ST - ZIP **PORT RICHEY, FL. #000***

TITLE **D**
NAME **SZEW CZUK, JOHN**
STREET ADDRESS **7244 CAY DR**
CITY - ST - ZIP **PT. RICHEY FL**

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

TITLE **D**
NAME **HORTON, ELVIE**
STREET ADDRESS **9031 ST. REGIS LN.**
CITY - ST - ZIP **PORT RICHEY FL**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *Donald Stickler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD-STICKLER-1/19/94-3602

Department Form #