

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727831 (0)
1. Corporation Name
EMBASSY HILLS CIVIC ASSN., INC.



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

3. Date Incorporated or Qualified **10/22/1973** 3a. Date of Last Report **01/25/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		23-7351982		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STICKLER, DONALD
7150 ISLE DRIVE
PORT RICHEY FL 34668

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKLER, DONALD	1.2 NAME	
STREET ADDRESS	7150 ISLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	X <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBERSTYN, RUTH	2.2 NAME	YDORA McWHITE
STREET ADDRESS	7315 EMBASSY BLVD.	2.3 STREET ADDRESS	9117 NOVA SCOTIA
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT RICHEY FL.
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHON, LEORA	3.2 NAME	
STREET ADDRESS	6812 SANDALWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMAN, PEARL	4.2 NAME	
STREET ADDRESS	7331 OAKSHIRE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZEWCUK, JOHN	5.2 NAME	
STREET ADDRESS	7244 CAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, ELVIE	6.2 NAME	
STREET ADDRESS	9031 ST. REGIS LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	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 W. Stickler 1/19/96 848-3602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)