

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **727831** (0)

1. Corporation Name

**EMBASSY HILLS CIVIC ASSN., INC.**



Principal Place of Business

**9509 PALM AVENUE  
PORT RICHEY FL 34668-4647**

Mailing Address

**9509 PALM AVENUE  
PORT RICHEY FL 34668-4647**

3. Date Incorporated or Qualified  
**10/22/1973**

3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

**23-7351982**

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**

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

**STICKLER, DONALD  
7150 ISLE DRIVE  
PORT RICHEY FL 34668**

81 Name **MEARS, CARL T**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8810 LIDO LN**

83

84 **PORT RICHEY**

**FL**

85 Zip Code  
**34668**

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 **CARL T. MEARS, TREASURER**

*Carl T. Mears*

**2/14/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
NAME **STICKLER, DONALD**  
STREET ADDRESS **7150 ISLE DRIVE**  
CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **V**  DELETE  
NAME **MCGWHITE, DORA**  
STREET ADDRESS **9117 NOVA SCOTIA**  
CITY-ST-ZIP **PORT RICHEY FL**

2.1 TITLE **V**  Change  Addition  
2.2 NAME **DOBRESTYN, RUTH**  
2.3 STREET ADDRESS **7815 EMBASSY BLVD**  
2.4 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **T**  DELETE  
NAME **MAHON, LEORA**  
STREET ADDRESS **6612 SANDALWOOD**  
CITY-ST-ZIP **PORT RICHEY, FL 00000**

3.1 TITLE **T**  Change  Addition  
3.2 NAME **CARL T. MEARS**  
3.3 STREET ADDRESS **8810 LIDO LN**  
3.4 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D**  DELETE  
NAME **STEINMAN, PEARL**  
STREET ADDRESS **7891 OAKSHIRE DR.**  
CITY-ST-ZIP **PORT RICHEY FL**

4.1 TITLE **D**  Change  Addition  
4.2 NAME **PRICE, GERALD**  
4.3 STREET ADDRESS **924 COGNISE**  
4.4 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

5.1 TITLE **D**  Change  Addition  
5.2 NAME **BOHNE, LES**  
5.3 STREET ADDRESS **7205 SAN SALVADORE**  
5.4 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D**  DELETE  
NAME **NORTON, ELVIE**  
STREET ADDRESS **9031 ST. REGIS EN.**  
CITY-ST-ZIP **PORT RICHEY FL**

6.1 TITLE **D**  Change  Addition  
6.2 NAME **ROWE, WILLIAM J., JR.**  
6.3 STREET ADDRESS **7100 CUTYSARK DR.**  
6.4 CITY-ST-ZIP **PORT RICHEY, FL 34668**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carl T. Mears* **CARL T. MEARS**

**2/14/97**

**813(841-0658)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0668337**

CR2E037 (9/96)