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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 10/22/1973	
4. FEI Number 23-7351982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**MEARS, CARL T.
8810 LIDO LN.
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 **CARL T. MEARS** DATE: **3/10/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	XX DELETE
NAME STICKLER, WANDA	
STREET ADDRESS 7150 ISLE DRIVE	
CITY-ST-ZIP PORT RICHEY FL	
TITLE V	<input type="checkbox"/> DELETE
NAME DOVERSTYN, RUTH	
STREET ADDRESS 7315 EMBASSY BLVD	
CITY-ST-ZIP PORT RICHEY FL	
TITLE T	<input type="checkbox"/> DELETE
NAME MEARS, CARL T.	
STREET ADDRESS 8810 LIDO LN	
CITY-ST-ZIP PORT RICHEY FL	
TITLE D	XX DELETE
NAME PRICE GERALD	
STREET ADDRESS 9221 COCHISE	
CITY-ST-ZIP PORT RICHEY FL	
TITLE D	XX DELETE
NAME SZEWCZUK, JOHN	
STREET ADDRESS 7244 CAY DR	
CITY-ST-ZIP PT. RICHEY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ROWE, WILLIAM J. JR.	
STREET ADDRESS 7100 CUTYSARK DR.	
CITY-ST-ZIP PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	XX Change <input type="checkbox"/> Addition
1.2 NAME Bowers, Ernest	
1.3 STREET ADDRESS 7215 Robstoen Dr	
1.4 CITY-ST-ZIP Port Richey, Fl 34668	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input type="checkbox"/> Change XX Addition
4.2 NAME Stickler, Wanda	
4.3 STREET ADDRESS 7150 Isle Dr	
4.4 CITY-ST-ZIP Port Richey, Fl 34668	
5.1 TITLE D	<input type="checkbox"/> Change XX Addition
5.2 NAME Malta, Larry	
5.3 STREET ADDRESS 7205 Isle Sr	
5.4 CITY-ST-ZIP Port Richey	
6.1 TITLE D	<input type="checkbox"/> Change XX Addition
6.2 NAME Osika, Margaret	
6.3 STREET ADDRESS 7316 Robstown Dr.	
6.4 CITY-ST-ZIP Port Richey, Fl 34668	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DATE: **2/11/98** 813 841-0452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E087 (10/97)