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**Mar 06, 1999 8:00 am**  
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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 727831**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/22/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				23-7351982	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEARS, CARL T. 8810 LIDO LN. PORT RICHEY FL 34668				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, TREASURER** DATE 2/23/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOWERS, ENERST		1.2 NAME	Dobertyn, Ruth			
STREET ADDRESS	7215 ROBSTOEN DR		1.3 STREET ADDRESS	7315 Embassy Blvd			
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY-ST-ZIP	Port Richey, Fl. 34668			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOVERSTYN, RUTH		2.2 NAME	Eva Adams			
STREET ADDRESS	7315 EMBASSY BLVD		2.3 STREET ADDRESS	9430 GLENMOOR LN			
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP	PORT RICHEY FL 34668			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEARS, CARL T.		3.2 NAME				
STREET ADDRESS	8810 LIDO LN		3.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STICKLER, WANDA		4.2 NAME	Frank Rubino			
STREET ADDRESS	7150 ISLE DR		4.3 STREET ADDRESS	7341 OAKSHIRE DR			
CITY-ST-ZIP	PORT RICHEY FL 34668		4.4 CITY-ST-ZIP	PORT RICHEY			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MALTA, LARRY		5.2 NAME	Richard Morisset			
STREET ADDRESS	7205 ISLE SR		5.3 STREET ADDRESS	9024 ST REGIS LN			
CITY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP	PORT RICHEY FL 34668			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROWE, WILLIAM J. JR.		6.2 NAME	Sheld Pura			
STREET ADDRESS	7100 CUTYSARK DR.		6.3 STREET ADDRESS	9221 COCHISE			
CITY-ST-ZIP	PORT RICHEY FL		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)(l), 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, with all other like empowered.

SIGNATURE: Carl T. Mears **CARL T. MEARS** DATE 2/23/9 727 847-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)