


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 727831
 1. Entity 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**



01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
23-7351982 Not Applicable

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

6. Name and Address of Current Registered Agent
ROWE, PATRICIA J
7100 CUTTY SARK DR
PORT RICHEY, FL 34668

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia J. Rowe* DATE 1/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEALEY, CHARLOTTE 9210 ST. REGIS LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ADAMS, WILBUR 9430 GLEN MOOR LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HENKEL, BETTY 8937 PANDORA LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DAY, JAMES 7116 CAY DR PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPHINE, DUB 7137 FAIRFAX DR. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS STICKLER, WANDA 7150 ISLE DR PORT RICHEY, FL 34668

U00000410204
 02/03/06-80026-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia J. Rowe* DATE 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PATRICIA J. ROWE