


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 19, 2007 8:00 am  
Secretary of State

01-19-2007 90021 033 \*\*\*\*61.25

DOCUMENT # 727831  
1. Entity 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

00000042

2. Principal Place of Business - No P.O. Box #  
- SAME -

3. Mailing Address  
- SAME -

Suite, Apt. #, etc.

City & State

Zip Country



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
23-7351982

Applied For  
 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

7. Name and Address of New Registered Agent

Name  
- SAME -

Street Address (P.O. Box Number is Not Acceptable)

City  
FL Zip Code

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: 1/17/07

(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEALEY, CHARLOTTE 9210 ST. REGIS LANE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ADAMS, WILBUR 9430 GLEN MOOR LANE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HENKEL, BETTY 8937 PANDORA LANE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DAY, JAMES 7116 CAY DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPHINE, DUB 7137 FAIRFAX DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS STICKLER, WANDA 7150 ISLE DR PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STICKLER, WANDA 7150 ISLE DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP NUCE, RONALD 9040 SHALLOWFORD LN. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUBBS, WILLIAM 7025 KINGSWAY DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINO, CATHERINE 7341 OAKSHIRE DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS NUCE, GEORGIANNA 9040 SHALLOWFORD LN PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 1/17/07 DAYTIME PHONE #: 727-847-5068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR