## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT #

N93000002830 (8)

THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED

**FILED** May 09 1997 8:00 am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address			- I TENNYANI OLO HOLOGO ILILII ORAIAK DORAK EDITLE EDILLI ODILO LIDOLI TOADO ILIKA ODILI LODI.		
750 N.W. 8TH A	AVE.	750 N.W. 8TH AV	750 N.W. 8TH AVE.					
HALLANDALE FL 33009			HALLANDALE FL 33009-2146					
						3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Re 04/24/199	port 6
2. Principal Pl	lace of Business	2a. Mailing Add	2e. Mailing Address			4. FEI Number	Арр	lied For
21		26				65-0487085 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 N Added to	
Zip			Country		This corporation has liability for its corporation and its liability for its li			
24	25	29	30				Yes 🗌 No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	istered Agent	
				81	Name	•		İ
	GTON, MARY G.		82 Street Ad		Street A	dress (P.O. Box Number is Not Acceptable)		
	1. 5TH CT							
HALLAN	DALE FL 33009			83				
				84	City		- 85 Zip Ci	ode
44 6		00 - 10 m 1500 F		<u>ال</u>	····		<b></b>	
11. Pursuant to the provisions of Soctions 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, Soction 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		ND DIRECTORS	13		in Bigliatore	ADDITIONS/CHANGES TO OFFIC		IN 12 6
TITLE	PD			TITLE				Addition
NAME	HARDWICK, JOHN		1.21	1.2 NAME				
STREET ADDRESS	708 SW 5TH COURT		1.8 \$		ADDRESS			
CITY-ST-ZIP	HALLANDALE FL		1.# CI		T- ZIP			[3
TITLE	VPD	XI DI	DELETE 2.1 T				☐ Change	Addition
NAME	GEORGE, ERIC	•	2.P N					
STREET ADDRESS	824 NW 10TH STREET		2.8 \$		ADDRESS			
CITY-ST-ZIP	HALLANDALE FL				ST - ZIP			
TITLE	TD	<b>D</b> D	DELETE 3.1 TI				☐ Change	Addition
NAME	ALLEN, JOHN R.		3.2 NAI		ļ			
STREET ADDRESS	320 SW 8TH STREET		3.8 STREET		ADDRESS			
CITY-ST-ZIP			CITY-S	ST - ZIP				
TITLE	FSD	· · · · · · · · · · · · · · · · · · ·		TITLE			☐ Change	Addition
NAME	ROGERS, JUDY PERRY		4. 2	NAME				:
STREET ADDRESS	404 NW 3RD AVENUE		4.8	STREET	ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			CITY-S	T-ZIP			
TITLE	D	□ D		TITLE			Change	Addition
NAME	WASHINGTON, MARY G			NAME				
STREET ADDRESS	700 N.W. 5TH COURT				ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			CITY-S	1-ZIP			
TITLE	SD DELETE			6.1 TITLE			☐ Change	Addition
NAME	LANGSTON, JOYCE S.			6.2 NAME		*		
STREET ADDRESS	744 NW 9TH STREET				ADDRESS			
CITY-ST-ZIP	HALLANDALE FL		6.4	CITY-S	1 - ZIP			

I do hereby certify that the information supplied with this filling 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 trusted 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.