SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

WASHINGTON, MARY G.

HALLANDALE FL 33009

700 N.W. 5TH CT

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N93000002830 (8)

THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business Malling Address 3. Date incorporated or Qualified 750 N.W. BTH AVE. 750 N.W. 8TH AVE. HALLANDALE FL 33009 HALLANDALE FL 33009 06/23/1993

Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

Applied For 65-0487085 Not Applicable \$8.75 Additional  $\mathbf{Z}$ 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be

85

Zip Code

**FILED** 

Secretary of State

Aug 06 1998 8:00 am

Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a horgeowners association? Yes No 8. This corporation owes or has paid the current year intangible

Yes 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83

Personal Property Tax due June 30.

84 City

Country

30

office or re	o the provisions of sections 617,0502 and 617,1508, F ogistered agent, or both, in the State of Florida. Such on In familiar with, and accept the obligations of, section in	change was autho	rized by the corpor	ration's board of directors	ement for the purpose of ch . I hereby accept the appoli	anging its reg ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE:	Registered Agent signatur	e required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CI	HANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	HARDWICK, JOHN		1.2 NAME				
STREET ADDRESS	708 SW 5TH COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE	TO		Change	Addition
HAME	ALLEN, JOHN R.		2.2 NAME	KAtherine H	mapherson		_
STREET ADDRESS	320 SW 8TH STREET		2.3 STREET ADDRESS	413 5W 6 A	ve		
	HALLANDALE FL		2.4 CITY-ST-ZIP	KAtherine H 413 SW 6 A HALLANDANE	, 71. 33009		
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME .	WASHINGTON, MARY G		3.2 NAME				_
PAREET ADDRESS	700 N.W. 5TH COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL	_	3.4 CITY-ST-ZIP			_	
TITLE	SD	DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	LANGSTON, JOYCE S.	_	4.2 NAME			_	
STREET ADDRESS	744 NW 9TH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP			_	
TITLE		DELETE	5.1 TITLE	ŒΥ		Change	Addition
NAME			5.2 NAME	Eunice H. M. 738 NW3C	oblev.		•
STREET ADDRESS			5.3 STREET ADDRESS	738 NW 3 C	<b>*</b>		
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP	HAllandale	, 71 33009		
TITLE		DELETE	6.1 TITLE		,	Change	Addition
NAME			6.2 NAME			<u>-</u>	
STREET ADORESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	<u>:</u>		6.4 CITY-ST-ZIP				

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:

Mary G. Washington, Financial SECRETARY

129/98 (99) 457-1460