2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90340 031 ****61.25

DOCUMENT # N93000002830

1. Entity Name

THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 489 HALLANDALE FL 33008	P.O. BOX 489 HALLANDALE FL 33008

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0487085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, JAMES L 300 NW 10TH STREET HALLANDALE FL 33009	Name 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUCKER, JAMES L 300 NW 10TH STREET HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIMMONS, CARLOS 120 GOLDEN ISLES DR HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD JONES, MARY JUNE 816 N.W. 4 TERR HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, MARY 613 NW 4TH AVE HALLANDALE BEACH FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition TD Perray-Rogers Julia A. 404 N.W. 3 Av Hallandale Bch. Fl 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD PERRAY-ROGERS, JULIA A 404 NW 3RD AVE HALLANDALE BEACH FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition FSD Stoner Gloria 720 S.W. 8th Av Hallandale Bch. Fl 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOTT, IDA 657 N.W. 6 COURT HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: James L. Tucker James L. Tucker 4/22/05 954-457-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #