2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

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

05152006 No Chg-NP CR2E037 (4/06)

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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

TUCKER, JAMES L
300 NW 10TH STREET
HALLANDALE, FL 33009

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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 _____ DATE
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 September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUCKER, JAMES L
STREET ADDRESS	300 NW 10TH STREET
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	VPD
NAME	SIMMONS, CARLOS
STREET ADDRESS	120 GOLDEN ISLES DR
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	RSD
NAME	JONES, MARY JUNE
STREET ADDRESS	816 N.W. 4 TERR
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	TD
NAME	PERRAY-ROGERS, JULIA H
STREET ADDRESS	404 NW 3 AVENUE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	FSD
NAME	STONER, GLORIA
STREET ADDRESS	720 SW 8TH AVENUE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	S
NAME	SCOTT, IDA
STREET ADDRESS	657 N.W. 6 COURT
CITY-ST-ZIP	HALLANDALE, FL 33009

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05/22/06 00012-013 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: James L Tucker 5/15/06 954-457-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #