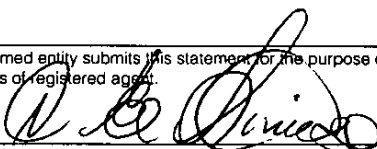
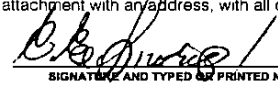
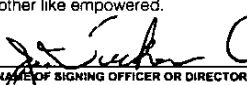


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90398 049 ****61.25

DOCUMENT # N93000002830 1. Entity Name THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED					
Principal Place of Business P.O. BOX 489 HALLANDALE, FL 33008			Mailing Address P.O. BOX 489 HALLANDALE, FL 33008		
2. Principal Place of Business - No P.O. Box #		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 TUCKER, JAMES L 300 NW 10TH STREET HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Simmons, Carlos E. Street Address (P.O. Box Number is Not Acceptable) 120 Golden Isles Dr Hallandale Beach FL Zip Code 33009		
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 4-27-07			
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	PD TUCKER, JAMES L 300 NW 10TH STREET HALLANDALE BEACH, FL 33009	☒ Delete			
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	RSD JONES, MARY JUNE 816 N.W. 4 TERR HALLANDALE BEACH, FL 33009	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PERRY-ROGERS, JULIA A 404 NW 3 AVENUE HALLANDALE BEACH, FL 33009	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD STONER, GLORIA 720 SW 8TH AVENUE HALLANDALE BEACH, FL 33009	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOTT, IDA 657 N.W. 6 COURT HALLANDALE, FL 33009	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Simmons, Carlos E. 120 Golden Isles Dr Hallandale Beach, FL 33009	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Tucker James L. 300 NW 10 St. Hallandale Beach, FL 33009	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD Dean Gwendolyn 302 N.W. 10 St. Hallandale, FL 33009	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ 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:   Carlos E. Simmons / J. Tucker 954-893-5006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					