

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002727

FILED
Apr 30, 2007
Secretary of State

Entity Name: CIVIC ASSOCIATION OF PORT TAMPA CITY, INC.

Current Principal Place of Business:

4701 LANCASTER
PORT TAMPA CITY, FL 33616

New Principal Place of Business:

Current Mailing Address:

P O BOX 19411
PORT TAMPA CITY, FL 336869411

New Mailing Address:

FEI Number: 59-3231987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, SHAREN
6815 SOUTH TRASK
PORT TAMPA CITY, FL 33616 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUFORD, LARA JILL
Address: 6904 S FITZGERALD ST
City-St-Zip: TAMPA, FL 33616

Title: VM () Delete
Name: MALZONE, CHRISTINE
Address: 6835 SHAMROCK
City-St-Zip: TAMPA, FL 33616

Title: S () Delete
Name: DWYER, KEVIN
Address: 6904 S FITZGERALD ST
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: DWYER, KEVIN
Address: 6904 S FITZGERALD
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: VENTO, TOM
Address: 4701 INGRAHAM
City-St-Zip: PORT TAMPA CITY, FL 33616

Title: D () Delete
Name: CURTISS, CAROL
Address: P.O. BOX 19304
City-St-Zip: PORT TAMPA CITY, FL 33686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VENTO, TOM
Address: 4701 INGRAHAM
City-St-Zip: TAMPA, FL 33616

Title: VP (X) Change () Addition
Name: MALZONE, CHRISTINE
Address: 6835 SHAMROCK
City-St-Zip: TAMPA, FL 33616

Title: S (X) Change () Addition
Name: BENNETT, COREY
Address: 4901 S COMMERCE ST
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEWIS, ALLISON
Address: 7405 S MORTON ST
City-St-Zip: TAMPA, FL 33616

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN M DWYER

TRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date