

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

04-24-2008 90112 037 *****61.25
770900

DOCUMENT # 770900

1. Entity Name
**CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME
SUBDIVISION, INCORPORATED**



FILED

08 MAY 15 PM 1:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**139-55 SE 139TH COURT 65 Ct.
SUMMERFIELD, FL 34491 US**

Mailing Address
**P.O. BOX 772
SUMMERFIELD, FL 34492 US**

2. Principal Place of Business - No P.O. Box #
139-55 SE 65 Ct.

3. Mailing Address
Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/08)

City & State
Summerfield FL 34491

City & State
Zip
34491 Country
MARION

4. FEI Number
58-2830649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MASCARO, JOSEPHINE
6680 SE 139 LN
SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent

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 **Josephine Mascaro**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonexisting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD	NAME KENNEDY, KENNETH M	☐ Delete
STREET ADDRESS 6650 SE 139 ST.		
CITY-ST-ZIP SUMMERFIELD, FL 34491		
TITLE TD	NAME WILLIAMS, GEORGE	☒ Delete
STREET ADDRESS 13925 SE 66 CT		
CITY-ST-ZIP SUMMERFIELD, FL 34491		
TITLE SD	NAME MASCARO, JOSEPHINE	☐ Delete
STREET ADDRESS 6680 SE 139TH ST.		
CITY-ST-ZIP SUMMERFIELD, FL 34491		
TITLE VP	NAME BULLS, RICHARD	☒ Delete
STREET ADDRESS 6590 SE 139 ST.		
CITY-ST-ZIP SUMMERFIELD, FL 34491		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME Juan Carlos Diaz	☒ Change ☐ Addition
STREET ADDRESS 6625 SE 139 Ln		
CITY-ST-ZIP Summerfield, FL 34491		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME Tracy L. Street	☒ Change ☐ Addition
STREET ADDRESS 6615 SE 139 Ln		
CITY-ST-ZIP Summerfield FL 34491		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Kenneth M. Kennedy, Pres**

4/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #