

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002727

Entity Name: CIVIC ASSOCIATION OF PORT TAMPA CITY, INC.**Current Principal Place of Business:**4701 LANCASTER
PO BOX 13631
PORT TAMPA CITY, FL 33681-3631**Current Mailing Address:**P O BOX 13631
TAMPA, FL 33681-3631 US**FEI Number: 59-3231987****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VENTO, TOM
4701 INGRAHAM ST
PORT TAMPA CITY, FL 33616 US*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

Officer/Director Detail :

Title	P
Name	VENTO, TOM
Address	P O BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

Title	VP
Name	BARNES, TRAVIS
Address	P O BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

Title	TREASURER
Name	MEADOWS, STEVE
Address	P O BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

Title	SECRETARY
Name	DENAULT, KALI
Address	P O BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

Title	D
Name	CURTISS, CAROL
Address	P O BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

Title	DIRECTOR
Name	SANDERS, SONYA
Address	P O BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

Title	DIRECTOR
Name	SIMPSON, JAN
Address	P.O. BOX 13631
City-State-Zip:	TAMPA FL 33681-3631

I hereby 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 all other like empowered.

SIGNATURE: TOM VENTO**PRESIDENT****04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date