

**2017 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            | LEWIS, ALLISON      |
| 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 |

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

P

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date