


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 009 \*\*\*\*61.25

<b>DOCUMENT # 700370</b>	
1. Entity Name <b>ISLE OF CAPRI CIVIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>12520 6TH ST EAST TREASURE ISL FL 33706 US</b>	Mailing Address <b>12520 6TH ST EAST TREASURE ISL FL 33706 US</b>
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2. Principal Place of Business <b>12005 - 5th St. E</b>	3. Mailing Address <b>725 - 116th Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>TREASURE ISLAND, FL</b>	City & State <b>TREASURE ISLAND, FL</b>
Zip <b>33706</b>	Zip <b>33706</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ANDERSON, PALM 12520 6TH ST. EAST TREASURE ISL FL 33706</b>	
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7. Name and Address of New Registered Agent Name <b>LYNN LEBLANC</b> Street Address (P.O. Box Number is Not Acceptable) <b>12005 - 5th St. E</b> City <b>TREASURE ISLAND, FL</b> Zip Code <b>33706</b>	
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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 **LYNN LEBLANC, PRESIDENT** *Lynn LeBlanc* **2/9/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSON, PAM 12520 6TH ST EAST TREASURE ISL FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'HEARA, BETTY 280 126TH AVE. L. #110 TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAUL, VALERIE S 12520 6TH STREET TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TT</del> TREASURER DEADY, SUZANNE 725 116TH AVENUE TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. LYNN LEBLANC 12005 - 5th St. E. TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOMINIQUE REITER 153 54th Isle Circle TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECY FRAN CAPASSO 237 - 126th Ave TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Suzanne Deady* **SUZANNE DEADY** **1-31-06** **727-3689073**