FILE NOW: FILING FEE IS \$61.25

FILED NCMPROFIT FLORIDA DEPARTMINT OF STATE May 27 1997 8:00am *CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** Civic Association Principal Place of Business 1147 NW 14th Terrace 1147 NW 14th Terrace Stuart FL 34994 Stuart, FL 34994 3. Date Incorporated or Qualified 3a. Date of Last Report unknown 2. Principal Place of Business 2a. Mailing Address 1147 NW 14th Terrace Applied For 21 1330 NW Antoch Ave. Not Applicable Suite, Apt. #, etc \$8.75 Additional Fee Required 22 City & State Stuart City & State
Stuart 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No ^{Zp}34994 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Charlie Estes Trowbridge 1168 NW 135 Street 82 Stuart F1 34994 83 64 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar upper and accept the obligations of Section 617.0503, Florida Statutes. (PRES' John +)

Live stored Agent signature required when renstating) SIGNATURE X OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 (96/6) TITLE DELETE 111016 ☐ Change 1380 NW Antoch Are NAME 1.2 NAME 13 STREET ADDRESS STREET ADDRESS Huart FL 34994 CITY-\$T-ZIP 1.4 C(TY - ST - ZIP Vice President D Virginia Morres D DELETE Change Addition 2.1 TATLE TITLE 2 2 NAME NAME M32 NW Vaim Lake Park Drive. 2.3 STREET ADDRESS STREET ADDRESS FL 34994 CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE 3 1 18 LE Addition Change TITLE Bonnie Winy. D 3.2 NAME NAME 1330 NW Antoch Ave 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-\$1-ZIP DELETE 4.1 Title TITLE exasure MARIE MORRIS D 147 NW 14th Terrace 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE 5.1 VILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE 600002202766 -06/05/97--01050--021 NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 SIREET ADDRESS

***61.25

STREET ADDRESS

CITY-ST-ZIP