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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708427 (0)
 1. Corporation Name
DELTONA CIVIC ASSOCIATION, INC.

Principal Place of Business 880 LAKE SHORE DRIVE DELTONA FL 32725-8130	Mailing Address 880 LAKE SHORE DRIVE DELTONA FL 32725-8130
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3. Date incorporated or Qualified 02/02/1965	
4. FEI Number 23-7225328	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

WILLEY, BARBARA
1470 SECTION LINE TRAIL
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara Willey, President* DATE **4/8/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D
NAME	KAMENICKY, FRANCES	1.2 NAME	SONIA DEZARUBA
STREET ADDRESS	2832 E. CANAL RD.	1.3 STREET ADDRESS	1759 FT. SMITH BLVD.
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DELTONA FL
TITLE	P	2.1 TITLE	D
NAME	WILLEY, BARBARA	2.2 NAME	RICHARD PEARCE
STREET ADDRESS	1407 SECTION LINE TRAIL	2.3 STREET ADDRESS	2015 N. NEMO ST
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	DELTONA FL
TITLE	VP	3.1 TITLE	
NAME	DAVIS, ARTHUR	3.2 NAME	
STREET ADDRESS	1534 DUNNLAP DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	YORKER, ALBERT	4.2 NAME	
STREET ADDRESS	1826 PORTVIEW AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SIMS, SUE	5.2 NAME	
STREET ADDRESS	1325 N SHADOW RIDGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	HOLLAND, MARY	6.2 NAME	
STREET ADDRESS	591 FAIRHAVEN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	

14. I 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 checked, or on an attachment with an address.

SIGNATURE: *Barbara Willey, President* DATE: **4/8/98** **574-16208**

CR2E037 (10/97)