
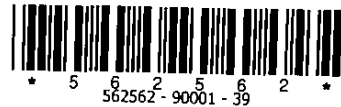


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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90139 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 708427		
1. Corporation Name DELTONA CIVIC ASSOCIATION, INC		
Principal Place of Business	Mailing Address	
980 LAKE SHORE DRIVE DELTONA FLORIDA 32725		



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 980 Lakeshore Drive	26	2-2-65
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7225328
City & State	City & State	Applied For
23 Deltona FL	28 SAME	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
24 32725	30	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Volusia	29	6. Election Campaign Financing
29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Deltona Civic Assn. 980 Lakeshore Drive Deltona FL 32725	81 Name ANNE MARIE SARICH
	82 Street Address (P.O. Box Number is Not Acceptable) 896 DEAN CIRCLE
	83
	84 City DELTONA
	85 State FL
	86 Zip 32738

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: Anne Marie Sarich Secretary DATE: 4/15/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT BARBARA WILLEY	1.2 NAME	DIRECTOR RICHARD PEARCE
STREET ADDRESS	1407 SECTION LINE TRAIL	1.3 STREET ADDRESS	2015 N. NEMO ST
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1st VICE PRESIDENT MARY M. HOLLAND	2.2 NAME	DIRECTOR JOHN HERNANDEZ
STREET ADDRESS	591 FAIRHAVEN ST	2.3 STREET ADDRESS	1316 PROVIDENCE BLVD
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2nd VICE PRESIDENT ARTHUR L. DAVIS	3.2 NAME	
STREET ADDRESS	1534 DUNLAP DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725-4969	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER AL YORKER	4.2 NAME	
STREET ADDRESS	1826 PORTVIEW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADVISOR RANDOLPH M. HARRIS	5.2 NAME	
STREET ADDRESS	3870 GEORGE SANDS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32738	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR SONIA DEZARUBA	6.2 NAME	
STREET ADDRESS	12577 Smith Blvd	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WILLEY Barbara Willey DATE: 4/15/99 OFFICE PHONE: 407-574-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)