

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91207 001 ****61.25

DOCUMENT # 708427

1. Entity Name

DELTONA CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

980 LAKE SHORE DRIVE
 DELTONA FL 32725-8130

980 LAKE SHORE DRIVE
 DELTONA FL 32725-8130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7225328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARICH, ANNE MARIE
896 DEAN CIRCLE
DELTONA FL 32738

Name

BARBARA WILLEY

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

1407 SECTION LINE TR.

City

DELTONA

FL

Zip Code

32725

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.

SIGNATURE

[Signature]

05-01-02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VP WILLEY, BARBARA**
 STREET ADDRESS **1407 SECTION LINE TR.**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE Change Addition
 NAME **President Willey, Barbara**
 STREET ADDRESS **1407 Section Line Tr.**
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE Delete
 NAME **PD DEZABMBA, CHARLES**
 STREET ADDRESS **1759 FORT SMITH BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD CARMOLINGO, MICHEAL**
 STREET ADDRESS **3126 SHALLOWFORD ST**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T YORKER, AL**
 STREET ADDRESS **1826 PORTVIEW AVE**
 CITY-ST-ZIP **DELTONA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S SCOTLAND, IRIS**
 STREET ADDRESS **1317 MICHEAL AVE**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HERNANDEZ, JOHN**
 STREET ADDRESS **1316 PROVIDENCE BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-02

Date

386-574 6208

Daytime Phone #

CR2E037 (9/01)