

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 009 ****61.25



DOCUMENT # 708427
 1. Entity Name
 DELTONA CIVIC ASSOCIATION, INC.

Principal Place of Business
 980 LAKE SHORE DRIVE
 DELTONA, FL 32725-8130

Mailing Address
 980 LAKE SHORE DRIVE
 DELTONA, FL 32725-8130



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05022005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 23-7225328

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 WILLEY, BARBARA
 1407 SECTION LINE TR
 DELTONA, FL 32725

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HERNANDEZ, JOHN G 1316 PROVIDENCE BLVD DELTONA, FL 327257416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JOHN G. - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1316 PROVIDENCE BOULEVARD DELTONA, FL 32725-7416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARMOLINGO, MICHEAL 3126 SHALLOWFORD ST DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAZQUEZ, MARITZA - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 752 WATERFALL CIRCLE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MARLENE T 2936 MCCLELLAN ST DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MARLENE T. - D <input type="checkbox"/> Change <input type="checkbox"/> Addition 2936 MCCLELLAN STREET DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, GLADYS M 1316 PROVIDENCE BLVD DELTONA, FL 327257416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, GLADYS M. - D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1316 PROVIDENCE BOULEVARD DELTONA, FL 32725-7416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HARRIS, RANDOLPH M 3370 GEORGE SAULS ST DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, RANDOLPH M. - D <input type="checkbox"/> Change <input type="checkbox"/> Addition 3370 GEORGE SAULS STREET DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Marlene Brown - MARLENE BROWN 5/12/05 401-314-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 TREASURER