


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90019 038 \*\*\*\*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  
**964 Lake Shore Drive**

3. Mailing Address  
**964 Lake Shore Drive**

Suite, Apt. #, etc.


City & State  
**Deltona, Florida**

City & State  
**Deltona, Florida**

Zip  
**32725-8937** Country **U.S.**

Zip  
**32725-8937** Country **U.S.**

400000



07062006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**23-7225328** Applied For  
 Not Applicable

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

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

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

**Filing Fee is \$61.25 Due by September 6, 2006**

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	<b>P</b> <b>HERNANDEZ, JOHN G</b> <b>1316 PROVIDENCE BLVD</b> <b>DELTONA, FL 327257416</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Hernandez, John G.</b> <b>773 Vercelli Street</b> <b>Deltona, FL 32725-3520</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>VAZQUEZ, MARITZA</b> <b>752 WATERFALL CIRCLE</b> <b>DELTONA, FL 32725</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Willey, Barbara</b> <b>1407 Section Line Trail</b> <b>Deltona, FL 32725</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, MARLENE T</b> <b>2936 MCCLELLAN ST</b> <b>DELTONA, FL 32738</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Brown, Marlene T.</b> <b>2936 McClellan Street</b> <b>Deltona, FL 32738</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HERNANDEZ, GLADYS M</b> <b>1316 PROVIDENCE BLVD</b> <b>DELTONA, FL 327257416</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Hernandez, Gladys M.</b> <b>773 Vercelli Street</b> <b>Deltona, FL 32725-3520</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HARRIS, RANDOLPH M</b> <b>3370 GEORGE SAULS ST</b> <b>DELTONA, FL 32738</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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, TREASURER** **7/5/06 407-314-4741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #