

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90325 016 \*\*\*\*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**

**55050986**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-7225328</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WILLEY, BARBARA 1407 SECTION LINE TR DELTONA FL 32725</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLEY, BARBARA 1407 SECTION LINE TR. DELTONA FL 32725</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MICHAEL CARMOLINGO 3126 SHALLOWFORD ST. DELTONA FL 32738</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CARMOLINGO, MICHEAL 3126 SHALLOWFORD ST DELTONA FL 32738</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOHN G. HERNANDEZ 1316 PROVIDENCE BLVD. DELTONA, FL 32725-7416</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T YORKER, AL 1826 PORTVIEW AVE DELTONA FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MARLENE T. BROWN 2936 MCCLELLAN ST. DELTONA, FL 32738</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCOTLAND, IRIS 1317 MICHEAL AVE DELTONA FL 32738</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GLADYS M. HERNANDEZ 1316 PROVIDENCE BLVD. DELTONA, FL 32725-7416</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERNANDEZ, JOHN 1316 PROVIDENCE BLVD DELTONA FL 32725</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RANDOLPH M. HARRIS 3370 GEORGE SAULS ST. DELTONA, FL 32738</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T
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: H. SIGNATURES REQUIRED Date: 4-25-03 386-574-6208

CPRE037 (10/02)