2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 709647

Entity Name: NORTH EAU GALLIE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

4350 SHERWOOD BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

4350 SHERWOOD BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-6168973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, RICHARD
4350 SHERWOOD BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	STALLINGS, `JOYCE	
Address:	2371 CANTERBURY LN	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	D	( ) Delete
Name:	SMITH, JOSEPH M	
Address:	4317 SHERWOOD BLVD	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	P	( ) Delete
Name:	MIKULAS, EDWARD	
Address:	4326 YORKSHIRE DR.	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	D	( ) Delete
Name:	WEISSMAN, ELI	
Address:	2390 KING RICHARD RD	
City-St-Zip:	MELBOURNE, FL	
Title:	T	( ) Delete
Name:	BUTLER, RICHARD	
Address:	4350 SHERWOOD BLVD	
City-St-Zip:	MELBOURNE, FL	
Title:	D	( ) Delete
Name:	MAULER, JIM	
Address:	2066 MAIDMARION RD	
City-St-Zip:	MELBOURNE, FL 32935	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BUTLER T 03/09/2009

Electronic Signature of Signing Officer or Director — Date