

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90099 050 \*\*\*\*61.25

<b>DOCUMENT # 724898</b> 1. Entity Name <b>PALM HARBOR CIVIC CLUB INC</b>					
Principal Place of Business <b>1119 ILLINOIS AVE. PALM HARBOR, FL 34683</b>			Mailing Address <b>6951 COUNTY RD 95 PALM HARBOR, FL 34684</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6562284</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREENSTREET, FRANKLIN H 6951 COUNTY RD 95 PALM HARBOR, FL 34684</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STASKIEWIC, GRACE		NAME		
STREET ADDRESS	2039 HILO DRIVE		STREET ADDRESS		
CITY - ST - ZIP	HOLIDAY, FL		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORAN, DAVID A		NAME		
STREET ADDRESS	2700 BAYSHORE BLVD #3206		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOANE, ROSE		NAME		
STREET ADDRESS	2298 AMERICUS BLVD E		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33763		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENSTREET, FRANKLIN		NAME		
STREET ADDRESS	6951 COUNTY RD 95		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR, FL 00000,		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASAS, JOHN		NAME		
STREET ADDRESS	2262 SWEDISH LANE 34		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, BERNICE		NAME		
STREET ADDRESS	2779 NORTHCOTE DR.		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR, FL 00000,		CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <u>Grace Staskiewicz</u> <u>GRACE STASKIEWICZ</u> <u>4/9/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					