FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 726019

SAN CLEMENTE EAST CIVIC ASSOCIATION, INCORPORATE

Principal Place of Business

Mailing Address

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90190 001 ****61.25

| 6909 TIERRA VERDE PORT RICHEY FL. 34668 6909 TIERRA VERDE PORT RICHEY FL. 34668 | | | | | | | | |
|---|--|------------------------------------|---------------|---------------------|---|--------------|----------------------|-----------------------|
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 3. Date incorporated or Qualifed 04/06/1973 | <u>.</u> | | |
| 21 | | 26 | | | 4. FEI Number | | 1 1 | 1-4 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 23-7332375 | | | ied For Applicable |
| 22 | | 27 | | | 20-1302010 | | \$8.75 Ac | |
| City & State | | City & State | | | 5. Certificate of Status Desired | | Fee Req | |
| Zip | Country | Zip 30 | Country | | Election Campaign Financing Trust Fund Contribution | | \$5.00 M Added to | • |
| 24 | 9. Name and Address of Current | | <u>' </u> | | 10. Name and Address of New Re | egistered Ac | | 1 000 |
| | 9. Name and Address of Current | Kedisteleg Wäsur | 81 | Name | To legina and Addicas of least to | 8.010.00.11 | | |
| SMITH, RO | nger e | | 82 | | ress (P.O. Box Number is Not Acceptate | ole) | - | |
| | RILLO STREET | | | Sireet Add | TOOS (1.0. Box Hambol to Hat Adaptas | | | |
| PORT RIC | HEY FL 34668 | | 83 | İ | | | | |
| | | | 84 | City | | FL | 85 Zip Co | ode |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE, Re | gistered Agen | nt signature requin | ed when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | FVP | DELETE | 1.1 TITLE |] (| OYCE WARR LING | , | Change | Addition |
| NAME | MURPHY, MARY | • | 1.2 NAME | J | OYLE WALL LINE | A | | |
| STREET ADDRESS | 6841 TIERRA VERDE | | 1.3 STREET | ADORESS 6 | 1910 TIERRI | 110 | | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | | 1.4 CITY- 5 | T-ZIP | PR FL 34 | | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | | | Change | ☐ Addition |
| NAME | RILEY, AGNES | | 2.2 NAME | | | | | ţ |
| STREET ADDRESS | 6830 ALTA VISTA | | 2.3 STREET | T ADDRESS | * | | | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | _ | 2. 4 CITY-5 | ST- ZIP | | | | |
| TITLE | SVP | X DELETÉ | 3.1 TITLE | 5 | VT Surene | , | Change | Addition |
| NAME | VOGEL, BARBARA | | 3.2 NAME | E | LEANOR SUMERIX 914 TIERRA LIN | 21 | | ļ |
| STREET ADDRESS | 6900 TIERRA VERDE | | 3.3 STREE | ADDRESS 6 | 914 TIERRA ZIV | , , 0 | | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | | 3.4. CITY- 8 | 1 | PR FL 346 | ,60 | | |
| TITLE | D | DELETE | 4.1 TITLE | | 7) | | Change | Addition |
| NAME | FONTAINE, JANE | , | 4. 2 NAME | ع. ا | TAMES WARE | . A. C. | | |
| STREET ADDRESS | 6921 ALTA VISTA | | 4.3 STREE | TADDRESS Z | 910 TIERRA LIA | אעע | | |
| CITY-ST-ZIP | PORT RICHEY FL | | 4.4 CITY-S | | PR FL 39 | 468 | _ |] |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | PR FL 346 TAMES WARA 910 TIERRA LIA PR FL 34 | | Change | Addition |
| NAME | KLEMM, WERNER | | 5.2 NAME | -1 | | | | |
| STREET ADDRESS | 6825 ALTA VISTA | | 5.3 STREE | TADDRESS | | | | |
| | PORT RICHEY FL 34668 | | 5.4 CITY-S | T-ZIP | | | | i |
| CITY-ST-ZIP | D | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |
| | SWEENY, HAZEL | | 6.2 NAME | ļ | • | | - | |
| NAME | **** | | | TADDRESS | , | , | | |
| STREET ADDRESS | PORT ST. RICHEY FL 34668 | | 6.4 CITY-S | ľ | | | | ĺ |
| CITY-ST-ZIP | FUN 3 . NIUNET FL 34000 | | E 0/2 011170 | | | | | |

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed or on an attachment with an apdress, with all other like empowered.

SIGNATURE