

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 001 ****61.25

DOCUMENT # 726019

1. Entity Name
**SAN CLEMENTE EAST CIVIC ASSOCIATION,
INCORPORATED**



Principal Place of Business
**6909 TIERRA VERDE
PORT RICHEY, FL 34668**

Mailing Address
**6909 TIERRA VERDE
PORT RICHEY, FL 34668**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7332375

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEMM, WERNER A
6825 ALTA VISTA ST
PORT RICHEY, FL 34668-3866**

Name **MEINZER, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

6900 MESA VERDE ST.

City **PORT RICHEY**

FL

Zip Code **34668**

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

Michael Meinzer **MICHAEL MEINZER - PRESIDENT**

4/12/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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	P RILEY, AONES 6830 ALTA VISTA ST PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V LASCU, TRAJAN 6920 TIERRA LINDA PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLAS, EDITH 6821 ELCAMINO PALOMA PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTAGNA, MARY ANN 6934 TIERRA VERDE PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEESEY, JUDITH 6905 EL CAMINO PALOMA PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAREN, MURIEL 6903 TIERRA VERDE PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEINZER, MICHAEL 6900 MESA VERDE ST PORT RICHEY, FL, 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V JEFF ASHLINE 6811 ALTA VISTA PORT RICHEY, FL, 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGIVNEY, COLEEN 6811 ALTA VISTA PORT RICHEY, FL, 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLAS, EDITH 6821 ELCAMINO PALOMA PORT RICHEY, FL, 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINCENZO, ROCCO 6831 ALTA VISTA PORT RICHEY, FL, 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLINE, NICOLLE 6811 ALTA VISTA PORT RICHEY, FL, 34668	<input checked="" 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:

Michael Meinzer **MICHAEL MEINZER**

4/12/04

727-843-8319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #