


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90169 015 \*\*\*\*61.25

<b>DOCUMENT # 726019</b> 1. Entity Name <b>SAN CLEMENTE EAST CIVIC ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>6909 TIERRA VERDE PORT RICHEY, FL 34668</b>			Mailing Address <b>6909 TIERRA VERDE PORT RICHEY, FL 34668</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MEINZER, MICHAEL 6900 MESA VERDE STREET PORT RICHEY, FL 34668</b>				7. Name and Address of New Registered Agent Name <b>Mr James R. Johnston</b> Street Address (P.O. Box Number is Not Acceptable) <b>6904 TIERRA VERDE ST</b> City <b>Port Richey</b> <b>FL</b> Zip Code <b>34668</b>	
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 <b>Mr. James R. Johnston</b> <i>Mr. James R. Johnston</i> <b>02/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>MEINZER, MICHAEL</b> STREET ADDRESS <b>6900 MESA VERDE STREET</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>James R. Johnston</b> STREET ADDRESS <b>6904 TIERRA VERDE ST.</b> CITY-ST-ZIP <b>Port Richey, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>1V</b> NAME <b>ASHLINE, JEFF</b> STREET ADDRESS <b>6811 ALTA VISTA</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>2V</b> NAME <b>ANGEL Foster</b> STREET ADDRESS <b>6937 TIERRA VERDE</b> CITY-ST-ZIP <b>Port Richey, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>MCGIVNEY, COLEEN</b> STREET ADDRESS <b>6811 ALTA VISTA</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>JOYCE BROWN</b> STREET ADDRESS <b>6914 EL CAMINO PALOMA</b> CITY-ST-ZIP <b>Port Richey, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>NICHOLAS, EDITH</b> STREET ADDRESS <b>6821 ELCAMINO PALOMA</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>LISA BEARD</b> STREET ADDRESS <b>6830 TIERRA VERDE ST</b> CITY-ST-ZIP <b>Port Richey, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>DEVINCENZO, ROCCO</b> STREET ADDRESS <b>6831 ALTA VISTA</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>ANGELA KUHN</b> STREET ADDRESS <b>6910 TIERRA VERDE ST</b> CITY-ST-ZIP <b>Port Richey, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>ASHLINE, NICOLLE</b> STREET ADDRESS <b>6811 ALTA VISTA</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>JOHN BROWN</b> STREET ADDRESS <b>6914 EL CAMINO PALOMA</b> CITY-ST-ZIP <b>Port Richey, FL 34668</b>	<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: <b>Mr. James R. Johnston</b> <i>Mr. James R. Johnston</i> <b>02/28/05</b> <b>(727)-847-9454</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-7332375** Applied For ☐ Not Applicable ☒

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