

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 037 \*\*\*\*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

50020494



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005

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

Mr James R Johnston  
6904 Tierra Verde St.  
Port Richey, FL 34668

Name Mr. Andre B. Chapman

Street Address (P.O. Box Number is also acceptable)  
9741 El Camino Real Ave.

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

Mr. Andre B. Chapman

4-1-06

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

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

|                |    |                       |                                            |
|----------------|----|-----------------------|--------------------------------------------|
| TITLE          | P  | James A. Johnston     | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 6904 Tierra Verde St  |                                            |
| STREET ADDRESS |    | Port Richey, FL 34668 |                                            |
| CITY-ST-ZIP    |    |                       |                                            |
| TITLE          | IV | Angel Foster          | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 6937 Tierra Verde St. |                                            |
| STREET ADDRESS |    | Port Richey FL 34668  |                                            |
| CITY-ST-ZIP    |    |                       |                                            |
| TITLE          | S  | Joyce Brown           | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 6914 El Camino Palma  |                                            |
| STREET ADDRESS |    | Port Richey FL 34668  |                                            |
| CITY-ST-ZIP    |    |                       |                                            |
| TITLE          | T  | Lisa Beard            | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 6830 Tierra Verde St  |                                            |
| STREET ADDRESS |    | Port Richey FL 34668  |                                            |
| CITY-ST-ZIP    |    |                       |                                            |
| TITLE          | D  | Angela Kuhn           | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 6910 Tierra Verde St  |                                            |
| STREET ADDRESS |    | Port Richey FL 34668  |                                            |
| CITY-ST-ZIP    |    |                       |                                            |
| TITLE          | D  | John Brown            | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 6914 El Camino Palma  |                                            |
| STREET ADDRESS |    | Port Richey FL 34668  |                                            |
| CITY-ST-ZIP    |    |                       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |    |                          |                                                                              |
|----------------|----|--------------------------|------------------------------------------------------------------------------|
| TITLE          | P  | Andre B. Chapman         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 9741 El Camino Real Ave. |                                                                              |
| STREET ADDRESS |    | Port Richey FL 34668     |                                                                              |
| CITY-ST-ZIP    |    |                          |                                                                              |
| TITLE          | IV | Renee Gray               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 6900 Tierra Verde St     |                                                                              |
| STREET ADDRESS |    | Port Richey FL 34668     |                                                                              |
| CITY-ST-ZIP    |    |                          |                                                                              |
| TITLE          | S  | June LaClair             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 6914 Tierra Verde St     |                                                                              |
| STREET ADDRESS |    | Port Richey FL 34668     |                                                                              |
| CITY-ST-ZIP    |    |                          |                                                                              |
| TITLE          | T  | Kristin Chapman          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 9741 El Camino Real Ave  |                                                                              |
| STREET ADDRESS |    | Port Richey FL 34668     |                                                                              |
| CITY-ST-ZIP    |    |                          |                                                                              |
| TITLE          | D  | Jim Warr                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 6910 Tierra Verde        |                                                                              |
| STREET ADDRESS |    | Port Richey FL 34668     |                                                                              |
| CITY-ST-ZIP    |    |                          |                                                                              |
| TITLE          | D  |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    |                          |                                                                              |
| STREET ADDRESS |    |                          |                                                                              |
| CITY-ST-ZIP    |    |                          |                                                                              |

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:

Andre B. Chapman

727-236-3356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR