## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT			DA DEPARTMENT	am	Feb 17 1998 8:00am
	1998	DIVI	Secretary of Stat		Secretary of State
DOCUMENT # 727831 (			0)		
EMBASSY HILLS CIVIC ASSN., INC.					( 1881)) 18818 MBW 1888) (4188 MBW 1818) AND 1818 AND 1819 AND 181
Principal Place	of Buringer	Mailing Addres			
9509 PALM AV		9509 PALM AVE			3. Date Incorporated or Qualified
PORT RICHEY FL 34668-4647			PORT RICHEY FL 34668-4647		10/22/1973
					4. FEI Number Applied For Not Applied For Not Applied Por
2. Principal Pl	ace of Business	2a. Mailing Ad	dress	<del></del>	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	•	City & State	)		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	<b>├</b> ──	ıntry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address	29 29 a of Current Registered Agent	30	<del>,</del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
				81 Name	
MEARS, CARL T.  B2 Street Address (P.O. Box Number is Not Acceptable)					
8810 UIDO LN. PORT RICHEY FL 34668					
				84 City	■■ 85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
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	Last V.	Trans Transceller Translated agent and title If applicable	es Ca	アイエハ	
12.		ICERS AND DIRECTORS	13.	ICI Agent Eighaldre	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE 1.1 T	F 1	P XXX Change Addition
NAME OTOGET ADDOCAD	STICKLER, WANDA 7150 ISLE DRIVE		12 N	1	Bowers, Ernest 7215 Robstoen Dr
STREET ADDRESS CITY-ST-ZIP	PORT RICHEY FL			TREET ADORESS   ITY-ST-ZIP	7215 Robstoen Dr Port Richev. Fl 34668
TITLE	V		DELETE 2.1 T		Change Addition
NAME	DOVERSTYN, RUTH		22 N	AME	
STREET ADDRESS	7315 EMBASSY BLY	VD .		TREET ADDRESS	
CITY-ST-ZIP TITLE	PORT RICHEY FL		2.40 DELETE 3.1 T	CITY-ST-ZIP	Change Addition
NAME	MEARS, CARL T.	_	3.2 N	,	
STREET ADDRESS	8810 LIDO LN			TREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL			CITY-ST-ZIP	D
TITLE	D	XX	DELETE 4.1 T	1	Stickler, Wanda Change Addition
NAME STREET ADDRESS	PRICE GERALD 9221 COCHISE			TREET ADDRESS	7150 Isle Dr
CITY-ST-ZIP	PORT RICHEY FL		1440	ITY-ST-ZIP	Port Richey, F1 34668
TITLE	D	<u>KK</u>	DELETE 5.1 T		D Change X XX Addition
NAME	SZEWCZUK, JOHN		5.2 N		Malta, Larry
STREET ADDRESS	7244 CAY DR PT. RICHEY FL			TREET ADDRESS	7205 Isle Sr
CITY-ST-ZIP TITLE	D D		DELETE 6.1 T	ITY-ST-ZIP ITLE	Port Richey  D Change ** Addition*
NAME	ROWE, WILLIAM J.	<del>-</del>	6.2 N	Į.	Osika, Margaret
STREET ADDRESS	7100 CUTYSARK D		6.3 \$	TREET ADDRESS	7316 Robstown Dr.
CITY-ST-ZIP	PORT RICHEY FL	numbling with this titing do		TY-ST-ZIP	Port Richey Rt 34668
indicated	on this annual rancet or e	supplied with this filing does not be true to the supplied with this filing does not be true to the supplied t	or quality for fried 8X	orription state	oo in Section 119.07(3)(1),7-torida Statutes. I further certify that the information instruce shall have the same legal effect as if made under oath: that I am an

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 change, or on an attachment with an address.

SIGNATURE

PRINATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/11/98

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CR2E037 (10/97)