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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 727831**

1. Corporation Name

**EMBASSY HILLS CIVIC ASSN., INC.**

Principal Place of Business

9509 PALM AVENUE  
PORT RICHEY FL 34668-4647

Mailing Address

9509 PALM AVENUE  
PORT RICHEY FL 34668-4647



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/22/1973

4. FEI Number

23-7351982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MEARS, CARL T.  
8810 LIDO LN.  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*Carl T. Mears* **CARL T. MEARS, TREASURER**

2/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BOWERS, ENERST  
STREET ADDRESS 7215 ROBSTOEN DR  
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ DELETE

TITLE V  
NAME DOVERSTYN, RUTH  
STREET ADDRESS 7315 EMBASSY BLVD  
CITY-ST-ZIP PORT RICHEY FL ☒ DELETE

TITLE T  
NAME MEARS, CARL T.  
STREET ADDRESS 8810 LIDO LN  
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

TITLE D  
NAME STICKLER, WANDA  
STREET ADDRESS 7150 ISLE DR  
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ DELETE

TITLE D  
NAME MALTA, LARRY  
STREET ADDRESS 7205 ISLE SR  
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

TITLE D  
NAME ROWE, WILLIAM J. JR.  
STREET ADDRESS 7100 CUTYSARK DR.  
CITY-ST-ZIP PORT RICHEY FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres  
1.2 NAME Doherty, Ruth  
1.3 STREET ADDRESS 7315 Embassy Blvd  
1.4 CITY-ST-ZIP Port Richey, FL 34668 ☒ Change ☐ Addition

2.1 TITLE 1st V.P.  
2.2 NAME Ena Adams  
2.3 STREET ADDRESS 9430 GLENMOOR LN  
2.4 CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Director  
4.2 NAME Frank Rubino  
4.3 STREET ADDRESS 7341 OAKSHIRE DR  
4.4 CITY-ST-ZIP PORT RICHEY ☒ Change ☐ Addition

5.1 TITLE Director  
5.2 NAME Richard Morisset  
5.3 STREET ADDRESS 8024 ST REGIS LN  
5.4 CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Change ☐ Addition

6.1 TITLE Director  
6.2 NAME Gerald Puma  
6.3 STREET ADDRESS 9221 COCHISE  
6.4 CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carl T. Mears* **CARL T. MEARS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

727 847-1665  
Daytime Phone #

CR2E037 (11/98)