

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90030 039 ****61.25

DOCUMENT # 727831

1. Entity 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

54011312



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7351982

Applied For

Not Applicable

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

ROWE, PATRICIA J
7100 CUTTY SARK DR
PORT RICHEY FL 34668

Name

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

City

FL

Zip Code

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

Patricia J. Rowe

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

(NOTE: Registered Agent signature required when reinstating)

2/16/04

DATE

**FILE NOW: 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 ☐ Delete
NAME STIERLER, WANDA
STREET ADDRESS 7150 ISLE DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME ~~WANDA STIERLER~~
STREET ADDRESS ~~7150 ISLE DR~~
CITY-ST-ZIP ~~PORT RICHEY FL 34668~~

TITLE ☐ Delete
NAME NUCE, RONARD
STREET ADDRESS 8040 SHALLOWFORD LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME 2nd Vice President
NAME WILLIAM CRANE
STREET ADDRESS 7014 FLAGLER DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME ROWE, PATRICIA J
STREET ADDRESS 7100 CUTTY SARK DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME CHRISTIE-BATES
STREET ADDRESS 7125 KAY DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Delete
NAME SHERRATT, EDWARD
STREET ADDRESS 9549 MIDIRON CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
NAME MARY TOPORCEAN
STREET ADDRESS 7307 FIDELITY DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Delete
NAME DESHANO, LOU
STREET ADDRESS 8847 GOSHEN LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
NAME JOSEPHINE DUB
STREET ADDRESS 7137 FAIRFAX DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME ADAMS, WILBUR
STREET ADDRESS 9430 GLEN MOOR LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
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:

Patricia J. Rowe

PATRICIA J. ROWE

2/16/04

Date

727-842-5068

Daytime Phone #