

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90021 033 ****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**

00000042



2. Principal Place of Business - No P.O. Box #

- SAME -

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

23-7351982

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

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

7. Name and Address of New Registered Agent

Name

- SAME -

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)

1/17/07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

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** ☒ Delete
NAME **HEALEY, CHARLOTTE**
STREET ADDRESS **9210 ST. REGIS LANE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **1VP** ☒ Delete
NAME **ADAMS, WILBUR**
STREET ADDRESS **9430 GLEN MOOR LANE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **RS** ☒ Delete
NAME **HENKEL, BETTY**
STREET ADDRESS **8937 PANDORA LANE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☐ Delete
NAME **O'DAY, JAMES**
STREET ADDRESS **7116 CAY DR**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete
NAME **JOSEPHINE, DUB**
STREET ADDRESS **7137 FAIRFAX DR.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **FS** ☒ Delete
NAME **STICKLER, WANDA**
STREET ADDRESS **7150 ISLE DR**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **STICKLER, WANDA**
STREET ADDRESS **7150 ISLE DR.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **1VP** ☒ Change ☐ Addition
NAME **NUCE, RONALD**
STREET ADDRESS **9040 SHALLOWFORD LN.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Change ☐ Addition
NAME **TUBBS, WILLIAM**
STREET ADDRESS **7025 KINGSWAY DR.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☐ Change ☐ Addition
NAME **RUBINO, CATHERINE**
STREET ADDRESS **7341 OAKSHIRE DR.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **FS** ☒ Change ☐ Addition
NAME **NUCE, GEORGIANNA**
STREET ADDRESS **9040 SHALLOWFORD LN**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Date

727-847-5068

Daytime Phone #