

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90039 019 ****61.25

DOCUMENT # 737946

1. Entity Name

APOLLO BEACH CIVIC ASSOCIATION, INCORPORATED



Principal Place of Business

P O BOX 3262
APOLLO BEACH FL 33572
US

Mailing Address

P O BOX 3262
APOLLO BEACH FL 33572
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2499923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARONKA, JOSEPH M
6611 SEABIRD WAY
APOLLO BEACH FL 33572

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 VP ☐ Delete
NAME ROESE, HANS
STREET ADDRESS 1028 BAL HARBOUR DRIVE
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE TD ☐ Delete
NAME WARONKA, JOSEPH M
STREET ADDRESS 6611 SEABIRD WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE P ☐ Delete
NAME COMPTON, BARBARA
STREET ADDRESS 6502 BLACKFIN WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE SD ☒ Delete
NAME MINNICH, SUE
STREET ADDRESS 6346 COCOA LANE
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE D ☐ Delete
NAME WHISMAN, KATHLEEN
STREET ADDRESS 6510 BLACKFIN WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME *Jeannette Doyle*
STREET ADDRESS 903 Chipaway Drive
CITY-ST-ZIP Apollo Beach, FL 33572

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Whisman, Kathleen*
STREET ADDRESS *6510 Blackfin Way*
CITY-ST-ZIP *Apollo Beach, FL 33572*

TITLE ☐ Change ☒ Addition
NAME *Jeannette Doyle*
STREET ADDRESS *903 Chipaway Drive*
CITY-ST-ZIP *Apollo Beach, FL 33572*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph M Waronka Joseph M. Waronka 3/1/08 813-641-2722