

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737946

FILED
Jan 30, 2009
Secretary of State

Entity Name: APOLLO BEACH CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

P O BOX 3262
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

6611 SEABIRD WAY
APOLLO BEACH, FL 33572 US

Current Mailing Address:

P O BOX 3262
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 59-2499923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARONKA, JOSEPH M
6611 SEABIRD WAY
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROESE, HANS
Address: 1028 BAL HARBOUR DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD () Delete
Name: WARONKA, JOSEPH M
Address: 6611 SEABIRD WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: P () Delete
Name: COMPTON, BARBARA
Address: 6502 BLACKFIN WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD () Delete
Name: WHISMAN, KATHLEEN
Address: 6510 BLACKFIN WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: D () Delete
Name: DOYLE, JEANETTE
Address: 903 CHIPOWRY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CONSON, JILL
Address: 940 BUNKER VIEW DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. WARONKA

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date