

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754376

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** FOREST HILLS EAST CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

5714 IVY LANE  
HOLIDAY, FL 34690 US

**New Principal Place of Business:**

**Current Mailing Address:**

5714 IVY LANE  
HOLIDAY, FL 34690 US

**New Mailing Address:**

**FEI Number:** 59-2400920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICKERSON, WILBERT  
5714 IVY LANE  
HOLIDAY, FL 34690 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: PRES  
Name: NICKERSON, WILBERT  
Address: 5714 IVY LANE  
City-St-Zip: HOLIDAY, FL 34690

Title: VP  
Name: TERRY, STEAGER  
Address: 2037 SUGARBUSH DRIVE  
City-St-Zip: HOLIDAY, FL 34690

Title: T  
Name: THOMPSON, MARY  
Address: 5743 CATSKILL RD  
City-St-Zip: HOLIDAY, FL 34690

Title: S  
Name: LANTZ, HAZEL  
Address: 5723 JACKPOTWAY  
City-St-Zip: HOLIDAY, FL 34690

Title: D  
Name: NEEDHAM, MEL  
Address: GREENWOOD WAY  
City-St-Zip: HOLIDAY, FL 34690

Title: D  
Name: DEGANNE, DAVID  
Address: 5819 CORKWOOD CT  
City-St-Zip: HOLIDAY, FL 34690

I hereby 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 all other like empowered.

**SIGNATURE:** WILBERT NICKERSON

PRES

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date