

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756954

FILED
Feb 14, 2008
Secretary of State

Entity Name: MATLACHA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 521
MATLACHA PARK MATLACHA, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 521
MATLACHA PARK MATLACHA, FL 33993 US

New Mailing Address:

FEI Number: 65-0099853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENSLEY, L. KENT
12123 MOON SHELL DRIVE
MATLACHA ISLES, FL 33991 US

Name and Address of New Registered Agent:

POST, DAN
2565 SECOND STREET
MATLACHA, FL 33993 US

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: DAN POST

02/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, GARY
Address: P.O. BOX 334
City-St-Zip: PINELAND, FL 33945

Title: V () Delete
Name: MCKNIGHT, ROBERT
Address: 12210 MATLACHA AVE
City-St-Zip: MATLACHA, FL 33993

Title: S () Delete
Name: KETIRE, MELADY
Address: P.O. BOX 364
City-St-Zip: MATLACHA, FL 33991

Title: T () Delete
Name: DENSLEY, L. KENT
Address: 12123 MOON SHELL DR.
City-St-Zip: MATLACHA ISLES, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STOELKER, BILL
Address: P.O. BOX 126
City-St-Zip: MATLACHA, FL 33993

Title: S (X) Change () Addition
Name: MCKNIGHT, ROBERT
Address: 12210 MATLACHA AVE
City-St-Zip: MATLACHA, FL 33993

Title: D (X) Change () Addition
Name: KETIRE, MELADY
Address: P.O. BOX 364
City-St-Zip: MATLACHA, FL 33991

Title: VP (X) Change () Addition
Name: GORDON, MICHAEL
Address: P.O. BOX 683
City-St-Zip: MATLACHA, FL 33993

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: BILL STOELKER

P

02/14/2008

Electronic Signature of Signing Officer or Director

Date