

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 762660

1. Entity Name
OLD OAKS CIVIC ASSOCIATION, INC.



Principal Place of Business
% RICK POTTER
200 MONTEREY BLVD. N.E.
ST. PETERSBURG, FL 33704

Mailing Address
% RICK POTTER
200 MONTEREY BLVD. N.E.
ST. PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

% 32.22, 666666 D &

03112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3012835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AGIUS, MARY
8110 S. KIMBERLY CIR.
FLORAL CITY, FL 34436

**DO NOT WRITE
IN THIS SPACE**

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 Mary Agius
Signature, typed or printed name of registered agent and office applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, THOMAS 418 SILVER MOSSAN TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POTTER, RICK 200 MONTEREY BLVD N.E. ST. PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGIUS, MARY 8110 S KIMBERLY CIRCLE FLORAL CITY, FL 34436
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/06-80057-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Mary Agius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06 352-344-2460
Date Daytime Phone #