

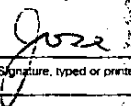



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90018 036 \*\*\*\*61.25

|  |                       |  |  |  |  |
|--|-----------------------|--|--|--|--|
| <b>DOCUMENT # 770900</b>   |                       |  |  |   |  |
| <b>1. Entity Name</b><br>CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME SUBDIVISION, INCORPORATED   |                       |  |  |  |  |
| <b>Principal Place of Business</b><br>139-55 SE 139TH COURT<br>SUMMERFIELD, FL 34491 US  |                       | <b>Mailing Address</b><br>P.O. BOX 772<br>SUMMERFIELD, FL 34492 US                         |  |  |  |
| <b>2. Principal Place of Business</b>  |                       | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                       | City & State   |  |  |  |
| Zip  | Country               | Zip  | Country  | 02282006 Chg-NP CR2E037 (11/05)  |  |
|  |                       |  |  | <b>4. FEI Number</b><br>58-2830649   |  |
|  |                       |  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
|  |                       |  |  | <b>5. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b>      |  |
| <b>6. Name and Address of Current Registered Agent</b>   |                       |  |  | <b>7. Name and Address of New Registered Agent</b>                                 |  |
| MASCARO, JOSEPHINE<br>6680 SE 139 LN<br>SUMMERFIELD, FL 34491  |                       |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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  |                       |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                       | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| Make check payable to Florida Department of State  |                       |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                       |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE  | PD                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition  |
| NAME   | BULLIS, RICHARD       |  | NAME   |  |  |
| STREET ADDRESS   | 12926 LAKEDORA CIR    |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SUMMERFIELD, FL 34491 |  | CITY-ST-ZIP  |  |  |
| TITLE  | VDP                   | <input type="checkbox"/> Delete  | TITLE  | Treasurer D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WILLIAMS, GEORGE      |  | NAME   |  |  |
| STREET ADDRESS   | 13925 SE 66 CT        |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SUMMERFIELD, FL 34491 |  | CITY-ST-ZIP  |  |  |
| TITLE  | TD                    | <input type="checkbox"/> Delete  | TITLE  | Secretary D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MASCARO, JOSEPHINE    |  | NAME   |  |  |
| STREET ADDRESS   | 6680 SE 139TH ST.     |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SUMMERFIELD, FL 34491 |  | CITY-ST-ZIP  |  |  |
| TITLE  | VDP                   | <input type="checkbox"/> Delete  | TITLE  | William J. Hawkins   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                       |  | NAME   |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS   | 13920 SE 65 CT, VP   |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP  | Summerfield, FL 34491  |  |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |  | NAME   |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP  |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |  | NAME   |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP  |  |  |
| 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: *   |                       |         |  | * Sec. 3/21/06 352 347 4431  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                       | Date   |  | Daytime Phone #  |  |