
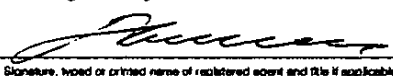
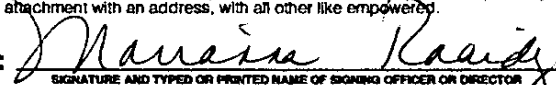


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90202 019 \*\*\*\*61.25

<b>DOCUMENT # N02000002450</b> 1. Entity Name <b>DRIFTWOOD CIVIC ASSOCIATION, INC.</b>			
Principal Place of Business 6351 PARK ST HOLLYWOOD, FL 33024		Mailing Address 6351 PARK ST HOLLYWOOD, FL 33024	
2. Principal Place of Business <b>7431 Farragut St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>7431 Farragut ST</b> Suite, Apt. #, etc.	
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD, FL</b>	
Zip <b>33024</b>	Country <b>U.S.A</b>	Zip <b>33024</b>	Country <b>U.S.A.</b>
4. FEI Number <b>65-0509226</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TINDLE, GRETCHEN M</b> <b>6351 PARK ST.</b> <b>HOLLYWOOD, FL 33024</b>		7. Name and Address of New Registered Agent Name <b>ALFREDO NAVARRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6660 DOUGLAS ST.</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33024</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/25/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE <b>PD</b> NAME <b>ZINN, THELMA</b> STREET ADDRESS <b>6801 FORREST STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input checked="" type="checkbox"/> Delete		
TITLE <b>VD</b> NAME <b>NAVARRO, ALFREDO</b> STREET ADDRESS <b>6660 DOUGLAS ST.</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete		
TITLE <b>TD</b> NAME <b>RAAIDY, MARIANNA</b> STREET ADDRESS <b>7431 FARRAGUT ST.</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete		
TITLE <b>SD</b> NAME <b>TINDLE, GRETCHEN M</b> STREET ADDRESS <b>6351 PARK ST.</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input checked="" type="checkbox"/> Delete		
TITLE <b>Director</b> NAME <b>MARIANNA RAAIDY</b> STREET ADDRESS <b>1431 FARRAGUT STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>PRES. / TREAS.</b> NAME <b>MARIANNA RAAIDY</b> STREET ADDRESS <b>1431 FARRAGUT STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Shirley Croft (Secy)</b> NAME <b>6733 Raleigh Street</b> STREET ADDRESS <b>HOLLYWOOD, FL 33024</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>Director</b> NAME <b>MARY K. EWING</b> STREET ADDRESS <b>2330 N. 67 Terrace</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/25/05</b> DAYTIME PHONE # <b>954-989-6333</b>	

MARIANNA RAAIDY, Pres./Treasurer