2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002450

FILED Jan 25, 2007 Secretary of State

Entity Name: DRIFTWOOD CIVIC ASSOCIATION, INC.

Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
	JGLAS STREE OOD, FL 3302				
Current Mailing Address:			New Mailing A	New Mailing Address:	
	JGLAS STREE OOD, FL 3302				
FEI Numbe	r: 65-0509226	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Add	ress of New Registered Agent:	
6660 DOL HOLLYW	O, ALFREDO JGLAS ST OOD, FL 3302		ournoss of changing its roa	istered office or registered agent, or both,	
	te of Florida.	שנים וווא אמנפוזופווג וטו נוופ ג	ourpose of changing its reg	istered office of registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	EWING, MARY 2330 NORTH 6	77TH TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES (NAVARRO, AL 6660 DOUGLA HOLLYWOOD	S ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAAIDY, MARI 7431 FARRAG	UT ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (CROFT, SHIRI 6733 RALEIGH HOLLYWOOD	l ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (ROSE, LINDA 7701 FARRAG HOLLYWOOD		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:			Title: MS.	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY EWING PRES 01/25/2007