




**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000002450		
1. Entity Name DRIFTWOOD CIVIC ASSOCIATION, INC.		
Principal Place of Business 6660 DOUGLAS STREET HOLLYWOOD, FL 33024		Mailing Address 6660 DOUGLAS STREET HOLLYWOOD, FL 33024
DO NOT WRITE IN THIS SPACE		
		
01162008 No Chg-NP CR2E037 (4/06)		
4. FEI Number 65-0509226		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
NAVARRO, ALFREDO 6660 DOUGLAS ST HOLLYWOOD, FL 33024		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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES EWING, MARY 2330 NORTH 67TH TERRACE HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES NAVARRO, ALFREDO 6660 DOUGLAS ST. HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAAIDY, MARIANNA 7431 FARRAGUT ST. HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CROFT, SHIRLEY 6733 RALEIGH ST HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, LINDA 7701 FARRAGUT STREET HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. DROTZER, ELLYN I 2330 NORTH 67TH TERRACE HOLLYWOOD, FL 33024	
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: 		01-18-2008 (954) 792-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #