

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90032 048 \*\*\*\*70.00

**DOCUMENT # N03000003538**

1. Entity Name  
**BIRDWOOD CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**1416 KINGSLEY AVENUE  
ORANGE PARK, FL 32073**

Mailing Address  
**C/O DAVID A KING  
1416 KINGSLEY AVENUE  
ORANGE PARK, FL 32073**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**58-2667180**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KING, DAVID A  
1416 KINGSLEY AVENUE  
ORANGE PARK, FL 32073**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SUMMERS, KATHRYN A</b>	
STREET ADDRESS	<b>2385 BIRDWOOD DRIVE</b>	
CITY-STATE-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LATOUR, DORIS G</b>	
STREET ADDRESS	<b>931 WHIPPOORWILL LANE</b>	
CITY-STATE-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>O'DONOGHUE, CAROL L</b>	
STREET ADDRESS	<b>988 BIRDWOOD DR</b>	
CITY-STATE-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KISSANE, REVONDA</b>	
STREET ADDRESS	<b>944 BIRDWOOD DR</b>	
CITY-STATE-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dandridge, Martha E.</b>	
STREET ADDRESS	<b>2399 Birdwood Drive</b>	
CITY-STATE-ZIP	<b>Orange Park, FL 32073</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

*Martha E Dandridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Martha E. Dandridge, Secretary**

Date

Daytime Phone #