

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001920

FILED  
Mar 13, 2006  
Secretary of State

Entity Name: HONTOON AREA CIVIC ASSOC, INC.

**Current Principal Place of Business:**

2668 FLOWING WELL RD.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

2668 FLOWING WELL RD.  
DELAND, FL 32720

**New Mailing Address:**

P.O. BOX 1858  
DELAND, FL 32721

FEI Number: 33-1110293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIX, STUART S JR  
2668 FLOWING WELL RD.  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MIX, STUART S JR  
Address: 2668 FLOWING WELL RD.  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BESSIRE, HARLEY  
Address: 2223 RIVER RIDGE ROAD  
City-St-Zip: DELAND, FL 32730

Title: D ( ) Change (X) Addition  
Name: MAGUIRE, MARY ANN  
Address: 1835 QUAIL HOLLOW DR.  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Change (X) Addition  
Name: THOMAS, SUZANNE  
Address: 1625 LAKESIDE DR.  
City-St-Zip: DELAND, FL 32720

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: STUART S. MIX, JR.

D

03/13/2006

Electronic Signature of Signing Officer or Director

Date