

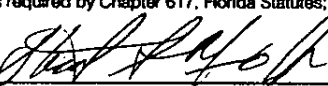


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001920		
1. Entity Name HONTOON AREA CIVIC ASSOC, INC.		
Principal Place of Business 2235 RIVER RIDGE RD. DELAND, FL 32720	Mailing Address P.O. BOX 1858 DELAND, FL 32721	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIX, STUART S JR 2235 RIVER RIDGE RD. DELAND, FL 32720		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: <u>STUART S. MIX, JR</u>  1/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIX, STUART S JR 2235 RIVER RIDGE RD. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESSIRE, HARLEY 2223 RIVER RIDGE ROAD DELAND, FL 32730	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, MARY ANN 1835 QUAIL HOLLOW DR. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, SUZANNE 1625 LAKESIDE DR. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-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: <u>STUART S. MIX, JR</u>  1/7/08 (386) 717-3475 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
33-1110293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

000000777499
01/10/08-80010-015 61.25