

**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



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1110293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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: STUART S. MIX, JR *[Signature]* 1/7/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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

U00000777499  
 01/10/08-80010-015 61.25

10. OFFICERS AND DIRECTORS

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: STUART S. MIX, JR *[Signature]* 1/7/08 (386) 717-3475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #