2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001920

FILED Jaņ 1<u>0, 2</u>009 Secretary of State

Entity Name: HONTOON AREA CIVIC ASSOC, INC.

Current Principal Place of Business: New Principal Place of Business: 2235 RIVER RIDGE RD. 2608 MOCKINGBIRD VILLAGE DELAND, FL 32720 DELAND, FL 32720 **Current Mailing Address: 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: Name and Address of New Registered Agent: MIX, STUART S JR MIX, STUART S JR 2235 RIVER RIDGE RD. 2608 MOCKINGBIRD VILLAGE DELAND, FL 32720 DELAND, FL 32720 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: 01/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MIX. STUART S JR Name: Name: Address: 2235 RIVER RIDGE RD. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete Title: () Change () Addition BESSIRE, HARLEY Name: Name: Address: 2223 RIVER RIDGE ROAD Address: City-St-Zip: DELAND, FL 32730 City-St-Zip: Title: () Delete Title: () Change () Addition MAGUIRE, MARY ANN Name: Name: 1835 QUAIL HOLLOW DR. Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete Title: () Change () Addition Name: THOMAS, SUZANNE Name: Address: 1625 LAKESIDE DR. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/10/2009