2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 18, 2009
Secretary of State

VOID

DOCUMENT# N05000001920

Entity Name: HONTOON AREA CIVIC ASSOC, INC.

Current Principal Place of Business:

2608 MOCKINGBIRD VILLAGE
DELAND, FL 32720

New Principal Place of Business: FILED IN ERROR
NO CHANGES MADE
2/22/2010,AD.

Current Mailing Address:

P.O. BOX 1858
DELAND, FL 32721

New Mailing Address:

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
2608 MOCKINGBIRD VILLAGE
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:	2235 RIVER RIDGE RD.	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	BESSIRE, HARLEY	
Address:	2223 RIVER RIDGE ROAD	
City-St-Zip:	DELAND, FL 32730	
Title:	D	( ) Delete
Name:	MAGUIRE, MARY ANN	
Address:	1835 QUAIL HOLLOW DR.	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	THOMAS, SUZANNE	
Address:	1625 LAKESIDE DR.	
City-St-Zip:	DELAND, FL 32720	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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. MR 12/16/2009

Electronic Signature of Signing Officer or Director — Date