

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010279

FILED
May 01, 2008
Secretary of State

Entity Name: CIVIC ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:

9260 W. COMMERCIAL BLVD.
#124
SUNRISE, FL 33351 US

New Principal Place of Business:

2323 DEL PRADO BLVD
SUITE # 7198
CAPE CORAL, FL 33990 US

Current Mailing Address:

9260 W. COMMERCIAL BLVD.
#124
SUNRISE, FL 33351 US

New Mailing Address:

2323 DEL PRADO BLVD
SUITE # 7198
CAPE CORAL, FL 33990 US

FEI Number: 04-3829461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUAREZ, ELIZABETH D
2111 CASSIA CIR
C
KISSIMMEE, FL 34741 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: SUAREZ, ELIZABETH D
Address: 2111 CASSIA CIR. # C
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D () Delete
Name: SOSA, REGGIE D
Address: 9260 W COMMERCIAL BLVD #124
City-St-Zip: SUNRISE, FL 33351 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: MACIAS, MARIA D
Address: 7866 TRENT DRIVE APT.#H302
City-St-Zip: TAMARAC, FL 33351

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: ELIZABETH SUAREZ

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date