2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Sep 04, 2007 8:00 am Secretary of State DOCUMENT # N07000004106 09-04-2007 90039 043 ****61.25 BALM CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 14747 BALM-WIMAUMA P.O. BOX 283 WIMAUMA, FL 33598 BALM, FL 33503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 14-1933152 City & State Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Marcella 0 steer SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST., 4TH FLOOR MIAMI, FL 33145 La Wimauma 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition O'STEEN, MARCELLA NAME NAME STREET ADDRESS 15133 CARLTON LAKE RD STREET ADDRESS CITY-ST-ZIP WIMAUMA, FL 33598 CITY-ST-ZIP ____ Change ☐ Delete TITLE ☐ Addition SWEAT, ELIZABETH STREET ADDRESS 14749 SWEAT LOOP STREET ADDRESS CITY-ST-7IP WIMAUMA, FL 33598 CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition FERNANDEZ, BERYL NAME NAME STREET ADDRESS 13501 BURNETT RD STREET ADDRESS CITY-ST-7IP WIMAUMA, FL 33598 CITY-ST-7IP ☐ Delete TITLE ☐ Addition PIASECKI, GLENDA NAME STREET ADDRESS 16130 COLDING LOOP STREET ADDRESS CITY-ST-ZIP WMAUMA, FL 33598 CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling 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 it changed, or on an attachment with an address, with all other like empowered. Marcella O'Steen

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

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DEARDEN, PHYLLIS

WIMAUMA, FL 33598

15125 CARLTON LAKE RD

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(Z) Change

☐ Change

☐ Addition

Addition

FILED