2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2006
Secretary of State

DOCUMENT# N17085

Entity Name: FRANK ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

9900 FRANK DR WEST
SEMINOLE, FL 337761729 US

New Principal Place of Business:

Current Mailing Address:

9900 FRANK DR WEST
SEMINOLE, FL 34646

New Mailing Address:

FEI Number: 59-2778821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, TOBY E.
9900 FRANK DR WEST
SEMINOLE, FL 33776 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:	SHEARY, MARY ANN,	
Address:	12730 FRANK DR. N.	
City-St-Zip:	SEMINOLE, FL	
Title:	D	( ) Delete
Name:	FENECH, JOHN	
Address:	9870 FRANK DRIVE W	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	D	( ) Delete
Name:	JACOBS, KATHLEEN	
Address:	12571 FRANK DR S	
City-St-Zip:	SEMINOLE, FL	
Title:	TD	( ) Delete
Name:	PERRY, TOBY E.,	
Address:	9900 FRANK DR. W.	
City-St-Zip:	SEMINOLE, FL	
Title:	PD	( ) Delete
Name:	STILWELL, JEFFREY	
Address:	12500 FRANK DRIVE SOUTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	SD	( ) Delete
Name:	BUSCH, SUE	
Address:	9840 FRANK DR W	
City-St-Zip:	SEMINOLE, FL	

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:	
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 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: TOBY E. PERRY TD 01/22/2006

Electronic Signature of Signing Officer or Director — Date