

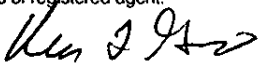
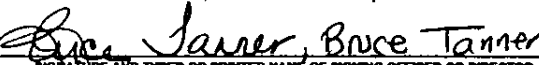


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90019 001 \*\*\*\*61.25

<b>DOCUMENT # N22011</b> 1. Entity Name <b>SOUTH MIDDLE RIVER CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 1619 FT LAUDERDALE, FL 33302-1619 US			Mailing Address P.O. BOX 1619 FT LAUDERDALE, FL 33302-1619 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		40021000  	
City & State		City & State		02102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2693195</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, JOANN</b> <b>1205 NW 3RD AVE</b> <b>FORT LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>Richard T. Gibson</b> Street Address (P.O. Box Number is Not Acceptable) <b>418 NW 16th Street</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33311</b>		
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 		SIGNATURE <b>RICHARD T. GIBSON</b>		DATE <b>2/11/08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOANN 620 TENNIS CLUB DRIVE #110 FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gibson, Richard T. 418 NW 16 street Fort Lauderdale FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANNER, BRUCE 1800 N. ANDREWS AVE PHG FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Magdaluyo, Marco 1110 NW 7 Avenue Fort Lauderdale FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNOTT, DONNATEE 1441 NW 6TH AVE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alcock, Robert 1045-B NW 2nd Avenue Fort Lauderdale FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, DOUGLAS 1600 NW 6TH AVE FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bente, Scott 1732 NW 7 Avenue Fort Lauderdale FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLUND, DANA 1721 NW 7TH TERRACE FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, James 1620 NW 5 Avenue Fort Lauderdale FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, ANDRE 1244 NW 3RD AVE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2-11-08		954 295-5163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #