2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N39205

Entity Name: ARMISTEAD CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

16128 ARMISTEAD LANE
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

C/O RYAN BOSE
16128 ARMISTEAD LANE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-3021027 **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:

COUREY, MICHAEL
16135 ARMISTEAD LANE
ODESSA, FL 33556 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: SD ( ) Delete
Name: COUREY, MICHAEL
Address: 16135 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556

Title: VD ( ) Delete
Name: MAHER, SUE
Address: 16133 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556

Title: PD ( ) Delete
Name: BOSE, RYAN
Address: 16128 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete
Name: JEPPESEN, ELLEN R
Address: 16126 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556

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 for the exemption stated in Section 119.07(3)(i), 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: RYAN BOSE PD 05/16/2005
Electronic Signature of Signing Officer or Director — Date