2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39205

FILED Apr 26, 2006 Secretary of State

Entity Name: ARMISTEAD CIVIC ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	RMISTEAD LAN FL 33556	NE US		
Current Mailing Address:		New Mailing Address:		
	MISTEAD LAN	IE US		
El Number	: 59-3021027	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	MICHAEL MISTEAD LAN	IE US		
",	1 2 00000			
he above			ourpose of changing its registere	ed office or registered agent, or both
he above the Stat	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both
ne above the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both Date
The above the Stat	e named entity e of Florida. RE:	submits this statement for the particular sta	ent	
he above the Stat IGNATU	e named entity e of Florida. RE: Electro S AND DIREC	submits this statement for the price Signature of Registered Age TORS:) Delete HAEL TEAD LANE	ent	Date
he above the Stat IGNATU FFICER tte: ame: ddress:	e named entity e of Florida. RE: Electro S AND DIREC SD (COUREY, MIC 16135 ARMIST ODESSA, FL	submits this statement for the price Signature of Registered Age TORS:) Delete HAEL TEAD LANE 33556 () Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
ne above the Stat GNATU FFICER le: ume: ldress: ty-St-Zip: le: ume: ldress:	e named entity e of Florida. RE: Electro S AND DIRECT SD (COUREY, MIC 16135 ARMIST ODESSA, FL: VD (X MAHER, SUE 16133 ARMIST ODESSA, FL:	submits this statement for the price Signature of Registered Age TORS:) Delete HAEL FEAD LANE 33556 () Delete FEAD LANE 33556) Delete FEAD LANE	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date EES TO OFFICERS AND DIRECTO () Change () Addition

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: RYAN BOSE PD 04/26/2006