

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39205

FILED  
Aug 16, 2009  
Secretary of State

**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:**

COUREY, MICHAEL  
16135 ARMISTEAD LANE  
ODESSA, FL 33556 US

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: MICHAEL COUREY

08/16/2009

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: 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:

I hereby certify that the information supplied with this filing does not qualify 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

08/16/2009

Electronic Signature of Signing Officer or Director

Date