

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 29, 2009  
Secretary of State**

DOCUMENT# N42376

Entity Name: TAMPA HEIGHTS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

2826 N. CENTRAL AVE  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX #172385  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 59-2401399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICKA, STEVEN  
300 E. PARK AVENUE  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: ROY, FRANCIS  
Address: 2826 N. CENTRAL AVE  
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete  
Name: HARTNETT, JAMES  
Address: 2302 CENTRAL AVE.  
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete  
Name: MICKA, STEVEN  
Address: 300 E. PARK AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: SD (X) Delete  
Name: SKELTON, MERCEDES  
Address: 408 W. FRANCES AVE  
City-St-Zip: TAMPA, FL 33602

**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 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: STEVEN MICKA

TD

03/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date