

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000005246

1. Entity Name

GARDEN ISLES CIVIC ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 10122
POMPAÑO BEACH, FL 33061

Mailing Address

P.O. BOX 10122
POMPAÑO BEACH, FL 33061



02152007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0446105

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVINE, LISA G
160 SE 3RD COURT
POMPAÑO BEACH, FL 33060

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CACCIATORE, ENRICO
269 SE 2ND AVENUE
POMPAÑO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SIFFERMANN, KAREN
270 SE 3RD AVENUE
POMPAÑO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
MAZUR, MITCH
380 SE 1ST AVENUE
POMPAÑO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
DEVINE, LISA
160 SE 3RD COURT
POMPAÑO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000649480
03/07/07-80051-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #