


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005246 1. Entity Name GARDEN ISLES CIVIC ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 10122 POMPAN0 BEACH, FL 33061	Mailing Address P.O. BOX 10122 POMPAN0 BEACH, FL 33061
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)


4. FEI Number 65-0446105	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEVINE, LISA G
160 SE 3RD COURT
POMPAN0 BEACH, FL 33060**

**DO NOT WRITE
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  DATE **1-7-08**

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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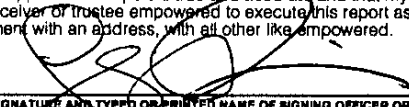
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CACCIATORE, ENRICO 269 SE 2ND AVENUE POMPAN0 BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIFFERMANN, KAREN 270 SE 3RD AVENUE POMPAN0 BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MAZUR, MITCH 380 SE 1ST AVENUE POMPAN0 BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DEVINE, LISA 160 SE 3RD COURT POMPAN0 BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/08/08-80044-008 70.00

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:  DATE **1-7-08** DAYTIME PHONE # **954-943-8489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR