

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001358

FILED
Apr 23, 2005
Secretary of State

Entity Name: CROISSANT PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 13117
PORT EVERGLADES, FL 33316

New Principal Place of Business:

P.O. BOX 13117
FORT LAUDERDALE, FL 33316

Current Mailing Address:

P.O. BOX 13117
PORT EVERGLADES, FL 33316

New Mailing Address:

P.O. BOX 13117
FORT LAUDERDALE, FL 33316

FEI Number: 59-2738942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON-LUAT, CORINNA
247 SW 21ST ST., #3
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

STEPHENSON, GLEN
833 SW 17TH STREET
FORT LAUDERDALE, FL 33315 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: GLEN B. STEPHENSON

04/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUNNIFF, HEATHER
Address: 817 SW 19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S () Delete
Name: BOWKER, JOSEPHINE
Address: 505 SW 18 ST
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: FRANKLIN, DAVID
Address: 1634 SW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: V () Delete
Name: STEPHENSON, GLEN
Address: 833 SW 17TH ST
City-St-Zip: FT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANASTON-KARAS, JIM
Address: 612 SW 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Change () Addition
Name: ANASTON-KARAS, KIM
Address: 612 SW 16TH STREET
City-St-Zip: FT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEATHER CUNNIFF

P

04/23/2005

Electronic Signature of Signing Officer or Director

Date