

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # N9600001738(1)

1. Corporation Name

Council of Civic Associations, INC.

Principal Place of Business

Mailing Address

24910 Goldcrest Dr
Bonita Springs, FL
34134-791424910 Goldcrest Dr
Bonita Springs FL
34134-7914900002108439
-03/10/97--01081--025
***61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/01/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27				☒ Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		30		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	ANN W. HAUCK
82	Street Address (P.O. Box Number is Not Acceptable)	Emmett Fran Stallings
83	City	9835 Delaware St
84	City	24910 Goldcrest Dr
85	Zip Code	Bonita Springs FL 34134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of officer or director of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME		1.2 NAME	Emmett Fran Stallings	
STREET ADDRESS		1.3 STREET ADDRESS	9835 Delaware St.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Bonita Springs, FL 34134	
TITLE	☐ DELETE	2.1 TITLE	Kathleen Malone	☒ Change ☐ Addition
NAME		2.2 NAME	2692 Geary St.	
STREET ADDRESS		2.3 STREET ADDRESS	MATLACHTA, FL 33993	
CITY - ST - ZIP		2.4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE	Ann Hauck	☐ Change ☒ Addition
NAME		3.2 NAME	24910 Goldcrest Dr.	
STREET ADDRESS		3.3 STREET ADDRESS	Bonita Springs FL 34134	
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE	Frank Vello	☒ Change ☐ Addition
NAME		4.2 NAME	13450 Southampton Dr	
STREET ADDRESS		4.3 STREET ADDRESS	Bonita Springs 34134	
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE	CLARA ANNE Graham Elliott	☐ Change ☒ Addition
NAME		5.2 NAME	25201 Divot Dr.	
STREET ADDRESS		5.3 STREET ADDRESS	Bonita Springs FL 34134	
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE	Harry Gottlieb	☐ Change ☒ Addition
NAME		6.2 NAME	50 Aberdeen Ave.	
STREET ADDRESS		6.3 STREET ADDRESS	Ft. Myers Beach, FL 33931	
CITY - ST - ZIP		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.8.97

Date

941 495 7379

Daytime Phone #

CR2E037 (9/96)

3-10-97