2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # **N9600001738** COUNCIL OF CIVIC ASSOCIATIONS, INC. 04-01-2002 90637 024 ****61.25 Mailing Address Principal Place of Business 24910 GOLDCREST DRIVE 24910 GOLDCREST DRIVE BONITA SPRINGS FL 34134-7914 BONITA SPRINGS FL 34134-7914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HAUCK, ANN W 24910 GOLDCREST DRIVE **BONITA SPRINGS FL 34134** Zip Code FL 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. **∄**GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Director ☐ Change TITLE TITLE ☐ Delete Arnold Rosen that GRIFFEN, BRIAN NAME NAME 20981 Andiron Place 26 GEARY ST STREET ADDRESS STREET ADDRESS Estero, FL 33928 CITY-ST-ZIP CITY-ST-ZIP MATLACHA FL 33993 Director ☐ Change Addition Delete TITLE TITLE DAUID SCOTT 3rd Ave MALONE, KATHLEEN NAME NAME 26 GEARY ST. STREET ADDRESS STREET ADDRESS CAPE CORAL FL. 33993 MAJOR GENERAL R.Zedi Director CITY-ST-ZIP CITY-ST-ZIP MATLACHA FL 33993 TITLE Delete TITLE HAUCK, ANN NAME NAME 1012 Celiana Court 24910 GOLDCREST DR. STREET ADDRESS STREET ADDRESS Et. Myers, FL. 33908 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ELLEU Peterson Addition ☐ Delete TITLE ☐ Change TITLE DILLEY, DAVID R 8791 Contravew Rd. NAME NAME 3720 LAKEMONT DR STREET ADDRESS STREET ADDRESS Estera, FL, 33928 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Change Addition TITLE Delete GRAHAM ELLIOTT, CLARA ANNE NAME 25201 DIVOT DR. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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

2/23/02

941. 495 · 7379