2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001738

1. Entity Name
COUNCIL OF CIVIC ASSOCIATIONS, INC.

Principal Place of Business	Mailing Address
24910 GOLDCREST DRIVE BONITA SPRINGS, FL 34134-7914	24910 GOLDCREST DRIVE BONITA SPRINGS, FL 34134-7914

05022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAUCK, ANN W
24910 GOLDCREST DRIVE
BONITA SPRINGS, FL 34134

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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
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000156261
05/05/04-80071-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIFFEN, BRIAN
STREET ADDRESS	26 GEARY ST
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	VD
NAME	MALONE, KATHLEEN
STREET ADDRESS	26 GEARY ST.
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	SD
NAME	HAUCK, ANN
STREET ADDRESS	24910 GOLDCREST DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	DILLEY, DAVID R
STREET ADDRESS	3720 LAKEMONT DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	ROSENTHAL, ARNOLD
STREET ADDRESS	20981 ANDIRON PLACE
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	SCOTT, DAVID
STREET ADDRESS	1220 NW 43RD AVE
CITY-ST-ZIP	CAPE CORAL, FL 33993

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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 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: David R Dilley 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #