


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001738	
1. Entity Name COUNCIL OF CIVIC ASSOCIATIONS, INC.	

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



04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

DO NOT WRITE IN THIS SPACE

000000508555
04/28/06-80010-001 61.25

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: *Ann W. Hauck* April 14, 2006 239 495 7379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #