

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001738

FILED
May 11, 2008
Secretary of State

Entity Name: COUNCIL OF CIVIC ASSOCIATIONS, INC.

Current Principal Place of Business:

24910 GOLDCREST DRIVE
BONITA SPRINGS, FL 341347914

New Principal Place of Business:

Current Mailing Address:

24910 GOLDCREST DRIVE
BONITA SPRINGS, FL 341347914

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFEN, BRIAN
Address: 26 GEARY ST
City-St-Zip: MATLACHA, FL 33993

Title: VD () Delete
Name: MALONE, KATHLEEN
Address: 26 GEARY ST.
City-St-Zip: MATLACHA, FL 33993

Title: SD () Delete
Name: HAUCK, ANN W
Address: 24910 GOLDCREST DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: DILLEY, DAVID R
Address: 3720 LAKEMONT DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: ROSENTHAL, ARNOLD
Address: 20981 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

Title: D (X) Delete
Name: SCOTT, DAVID
Address: 1220 NW 43RD AVE
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANN W. HAUCK

SECR

05/11/2008

Electronic Signature of Signing Officer or Director

_____ Date