

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90097 016 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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

2394957379

CR2E037 (10/02)