


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005949 1. Entity Name NORTHVIEW HILLS CIVIC ASSOCIATION, INC.	
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Principal Place of Business 4362 E OSBORNE AVE. TAMPA, FL 33610	Mailing Address PO BOX 310574 TAMPA, FL 33680
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3579864	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODARD, ELIZABETH 4433 ATWATER DRIVE TAMPA, FL 33610
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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, 2005**

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 REDDICK, FRANK 4610 JOHN BELL DR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWRENCE, CAROL 4826 ASHLAND DR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODARD, ELIZABETH 4433 ATWATER DR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JUANNETTE 4619 JOHN BELL JR. DR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, GLORIA 4828 ASHLAND DR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000220345
02/08/05-80067-002 70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] - FRANK REDDICK

2-3-05 815-220-6751