

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90112 028 \*\*\*\*70.00

<b>DOCUMENT # N98000005949</b>					
<b>1. Entity Name</b> NORTHVIEW HILLS CIVIC ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4362 E OSBORNE AVE. TAMPA, FL 33610			<b>Mailing Address</b> PO BOX 310574 TAMPA, FL 33680		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3579864	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  V DODARD, ELIZABETH 4433 ATWATER DRIVE TAMPA, FL 33610				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> REDDICK, FRANK 4610 JOHN BELL DR TAMPA, FL 33610	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> LAWRENCE, CAROL 4826 ASHLAND DR. TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> WOODARD, ELIZABETH 4433 ATWATER DR TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> WILLIAMS, JUANNETTE 4619 JOHN BELL JR. DR. TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> TAYLOR, GLORIA 4828 ASHLAND DR. TAMPA, FL 33610	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FD</b> Samuel Kinsey 4610 Ashland Dr. Tampa, Fl 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Harriett Logan 4511 Ashmore Dr. Tampa, Fl 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> Gloria Newton 4509 Ashmore Dr. Tampa, Fl 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> TAYLOR, GLORIA 4828 ASHLAND DR. TAMPA, FL 33610	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> Gloria Newton 4509 Ashmore Dr. Tampa, Fl 33610	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		<b>3/27/06</b>		<b>813) 220-6751</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	