## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2006 8:00 am DOCUMENT # N99000004431 **Secretary of State** 1. Entity Name 03-14-2006 90030 009 \*\*\*\*61.25 SANDERS PARK CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 1577 NORTHWEST SEVENTH AVENUE 1577 NORTHWEST SEVENTH AVENUE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite Apt # etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0947927 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLMES, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1577 NORTHWEST SEVENTH AVENUE POMPANO BEACH FL 33060 Zip Code FL 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees 2 14 T ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE DP ☐ Delete TITLE ■ Addition HOLMES, ROBERT NAME NAME 1577 NW 7TH AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-7IP SD Change ☐ Addition Delete TITLE TITLE SWORN, MILLICENT NAME NAME STREET ADDRESS 1508 NW 3RD WAY STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition KYLE, MARY A NAME NAME STREET ADDRESS STREET ADDRESS 1857 NW 93RD TERRACE POMPANO BEACH FL 33071 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE AST Delete TITLE YOPP, BESSIE P NAME NAME STREET ADDRESS STREET ADDRESS 1582 NW 4TH AVE CITY-ST-ZIE POMPANO BEACH FL 33060 CITY-SI-ZIP **Addition** TITLE Delete TITLE 🗀 Change JONES, JAMES L NAME NAME 1595 NORTHWEST SEVENTH AVENUE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7l9 CFTY - ST - Z/F

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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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information