

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Merham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 18 AM 10:26

DOCUMENT # **724428** (8)

1. Corporation Name
HIGHRIDGE CMC ASSOCIATION, INC.

300001544713
-07/25/95--01019--006
*****51.25 *****51.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**311 WESTCHESTER DRIVE
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified **09/26/1972** 3a. Date of Last Report **03/07/1994**

4. FEI Number **23-7337140** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTH, URBAN A.
311 WESTCHESTER DRIVE
ALTAMONTE SPRINGS FL 32701**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P
TITLE
NAME **FLORIO, JOHN**
STREET ADDRESS **314 HERMITAGE DR.**
CITY, ST, ZIP **ALTAMONTE SPRGS FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
SAME

VP
TITLE
NAME **NOLTE, GOLDIE**
STREET ADDRESS **319 WESTCHESTER DR.**
CITY, ST, ZIP **ALTAMONTE SPRINGS FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
SAME

S
TITLE
NAME **GUERRETTE, JEAN**
STREET ADDRESS **317 HERMITAGE DR.**
CITY, ST, ZIP **ALTAMONTE SPRGS FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
**LOU BRUNO/SECRETARY
309 OAK HILL DR
ALTAMONTE SPRINGS, FL 32701**

TD
TITLE
NAME **KNAUS, RICHARD**
STREET ADDRESS **317 OAK HILL DRIVE**
CITY, ST, ZIP **ALTAMONTE SPRINGS FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
SAME

D
TITLE
NAME **NORTH, URBAN**
STREET ADDRESS **311 WESTCHESTER DRIVE**
CITY, ST, ZIP **ALTAMONTE SPRGS FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
SAME

D
TITLE
NAME **TERRY, JIM**
STREET ADDRESS **814 LINDENWALD LANE**
CITY, ST, ZIP **ALTAMONTE SPRINGS FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP
**JIM KNUTSON/DIRECTOR
312 OAK HILL DR
ALTAMONTE SPRINGS, FL. 32701**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Richard Knaus** RICHARD KNAUS

3/18/95 407-682-5400
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