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Feb 10 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 724428 (8)

1. Corporation Name
HIGHRIDGE CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
311 WESTCHESTER DRIVE 311 WESTCHESTER DRIVE
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-6220

3. Date Incorporated or Qualified 09/26/1972 3a. Date of Last Report 10/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7337140	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Zip	25. Country	29. Zip	30. Country

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
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIO, JOHN	1.2 NAME	
STREET ADDRESS	314 HERMITAGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, STEVEE	2.2 NAME	
STREET ADDRESS	323 HERMITAGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, HERMAN	3.2 NAME	
STREET ADDRESS	808 POINT PLEASANT PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMAN, EVALEE	4.2 NAME	TREASURER
STREET ADDRESS	307 WESTCHESTER DR.	4.3 STREET ADDRESS	RICHARD KWANS
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	4.4 CITY-ST-ZIP	317 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, URBAN A	5.2 NAME	DIRECTOR
STREET ADDRESS	311 WESTCHESTER DRIVE	5.3 STREET ADDRESS	URBAN A. NORTH
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	5.4 CITY-ST-ZIP	311 WESTCHESTER DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIARO, PAUL	6.2 NAME	DIRECTOR
STREET ADDRESS	311 OAK HILL DR	6.3 STREET ADDRESS	EDDIE ROSE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	6.4 CITY-ST-ZIP	325 MONTICELLO DRIVE ALTAMONTE SPRINGS, FL 32701

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: Richard Kwans RICHARD KWANS 1/29/97 (407) 332-0014

CR2E037 (9/96)