


FILE NOW: FILING FEE IS \$61.25

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**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724428 (8)
1. Corporation Name
HIGHRIDGE CIVIC ASSOCIATION, INC.

Principal Place of Business 311 WESTCHESTER DRIVE ALTAMONTE SPRINGS FL 32701	Mailing Address 311 WESTCHESTER DRIVE ALTAMONTE SPRINGS FL 32701
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3. Date Incorporated or Qualified 09/26/1972	
4. FEI Number 23-7337140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FLORIO, JOHN	
STREET ADDRESS	314 HERMITAGE DR.	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STROUP, STEVEE	
STREET ADDRESS	323 HERMITAGE DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILL, HERMAN	
STREET ADDRESS	808 POINT PLEASANT PL	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KNAUS, RICHARD	
STREET ADDRESS	317 OAK HILL DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NORTH, URBAN A	
STREET ADDRESS	311 WESTCHESTER DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, EDDIE	
STREET ADDRESS	325 MONTICELLO DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEIGH DUNCAN	
1.3 STREET ADDRESS	306 HERMITAGE DR	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD EVANS	
2.3 STREET ADDRESS	818 LINDENWALD LN.	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD KNAUS	
3.3 STREET ADDRESS	317 OAK HILL DR	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TARA HIGGINS	
4.3 STREET ADDRESS	810 POINT PLEASANT AL.	
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAUL CHIARO	
5.3 STREET ADDRESS	311 OAK HILL DR.	
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHELLY PITTS	
6.3 STREET ADDRESS	325 HERMITAGE DR	
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	

14. 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 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 Knaus* RICHARD KNAUS DIRECTOR 4/2/98 (407) 332-0014

CR2E037 (10/97)