

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

0021519

**DOCUMENT # 724428**

1. Entity Name

**HIGHRIDGE CIVIC ASSOCIATION, INC.**

04-23-2001 90140 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**810 POINT PLEASANT PL.  
 ALTAMONTE SPRINGS FL 32701**

**810 POINT PLEASANT PL.  
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

**325 Hermitage Dr.**

**P.O. Box 151478**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Altamonte Springs, Fl**

**Altamonte Springs, Fl**

4. FEI Number

**23-7337140**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32701**

**Seminole**

**32715-1478**

**Seminole**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGGINS, TARA L  
 810 POINT PLEASANT PL.  
 ALTAMONTE SPRINGS FL 32701**

Name **Shelly Pitts**

Street Address (P.O. Box Number is Not Acceptable)

**325 Hermitage Dr.**

City **Altamonte Springs**

**FL**

Zip Code **32701**

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.

SIGNATURE **Shelly Pitts, Treasurer / Shelly Pitts**

**4/16/01**

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **V LEIGH, DUNCAN**  
 STREET ADDRESS **306 HERMITAGE DRIVE**  
 CITY-ST-ZIP **ALTAMONTE SPRGS FL 32701**

TITLE  Change  Addition  
 NAME **V James, Keith**  
 STREET ADDRESS **326 Monticello Dr.**  
 CITY-ST-ZIP **Altamonte Springs, Fl 32701**

TITLE  Delete  
 NAME **P STROUP, STEVEE**  
 STREET ADDRESS **323 HERMITAGE DR.**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME **S McGovern, Denise**  
 STREET ADDRESS **324 Oak Hill Dr.**  
 CITY-ST-ZIP **Altamonte Springs, Fl 32701**

TITLE  Delete  
 NAME **D EVANS, RICHARD**  
 STREET ADDRESS **818 LINDENWALD LANE**  
 CITY-ST-ZIP **ALTAMONTE SPRGS FL 32701**

TITLE  Change  Addition  
 NAME **D Steeb, Walter**  
 STREET ADDRESS **317 Monticello Dr.**  
 CITY-ST-ZIP **Altamonte Springs, Fl 32701**

TITLE  Delete  
 NAME **T HIGGINS, TARA**  
 STREET ADDRESS **810 POINT PLEASANT PL**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME **T Pitts, Shelly**  
 STREET ADDRESS **325 Hermitage Dr.**  
 CITY-ST-ZIP **Altamonte Springs, Fl 32701**

TITLE  Delete  
 NAME **D KNAUS, RICHARD**  
 STREET ADDRESS **317 OAK HILL DRIVE**  
 CITY-ST-ZIP **ALTAMONTE SPRGS FL 32701**

TITLE  Change  Addition  
 NAME **D Walter, Scott**  
 STREET ADDRESS **814 Pt. Pleasant Place**  
 CITY-ST-ZIP **Altamonte Springs, Fl 32701**

TITLE  Delete  
 NAME **D CHIARO, PAUL**  
 STREET ADDRESS **311 OAK HILL DRIVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME **D Nolte, Goldie**  
 STREET ADDRESS **319 Westchester Dr.**  
 CITY-ST-ZIP **Altamonte Springs, Fl 32701**

12. 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 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.

SIGNATURE: **Shelly Pitts** **REQUIS** **Shelly Pitts**

**4/16/01**

**(407)834-5702**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/00)