2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724428

Entity Name: HIGHRIDGE CIVIC ASSOCIATION, INC.

FILED Jan 11, 2004 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	MITAGE DR NTE SPRINGS	, FL 32701					
Current Mailing Address:			New Maili	New Mailing Address:			
	MITAGE DR NTE SPRINGS	, FL 32701					
FEI Number	: 23-7337140	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name and	Address	of New Registered Agent:		
323 HERN	STEPHEN B /IITAGE DR ITE SPRINGS	, FL 32701					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	ed office or registered agent, or both,		
SIGNATUI	RE:						
	Electro	nic Signature of Registered Ag	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STROUP, STE 323 HERMITA		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	STEEB, WALT 317 MONTICE		Title: Name: Address: City-St-Zip:	V BOEBINGE 325 OAK H ALTAMONT	•		
Title: Name: Address: City-St-Zip:	STEEB, WALT 317 MONTICE		Title: Name: Address: City-St-Zip:		(X) Change () Addition ARY ANN ICELLO DR IE SPRINGS, FL 32701		
Title:	Т () Delete	Title:	Т	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

318 OAK HILL DRIVE

WALTER, SCOTT

NOLTE, GOLDIE

ALTAMONTE SPRINGS, FL 32701

814 POINT PLEASANT PLACE

319 WESTCHESTER DRIVE

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

(X) Change () Addition

(X) Change () Addition

SIGNATURE: STEPHEN B. STROUP P 01/11/2004

323 HERMITAGE DR

WALTER, SCOTT

NOLTE, GOLDIE

814 PT PLEASANT PLACE

319 WESTCHESTER DR

ALTAMONTE SPRINGS, FL 32701

() Delete

ALTAMONTE SPRGS, FL 32701

() Delete

ALTAMONTE SPRINGS, FL 32701

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

City-St-Zip: