SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT**



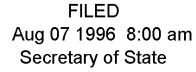
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N96000005548

HIGHLANDS 10 CIVIC ASSOCIATION, INC.





Principal Place of Business Mailing Address					1 HEIDEN NO PHID HEID DENN DENN DENN DENN DENN DENN DENN D		
P.O. BOX 11482 SPRING HILL FL 34610			P.O. BOX 11482 Spring Hill Fl 3461D				
						3. Date Incorporated or Qualified 10/26/1992	3a. Date of Last Report 05/16/1995
·	tace of Business	2a. Mailing Addi	ress			4. FEI Number	Applied For
Suite, Apt	# elc	Suite Apt #	etc			59-3147001	Not Applicable
22		27	, 0.0			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State				6. Election Campaign Financing	☐ \$5.00 May Be
23	0	28				Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	<u> </u>	ountr	у	8. This corporation has liability for in	itangible tax under s. 199.032, Yes X No
24	9. Name and Address of Currer	29 29 Agent	30			Florida Statutes 10. Name and Address of New Reg	······································
CIV.				81	Name	To. Hame and Address of New Heg	notered Agent
	YER, NEAL A 2 S. OREGON AVENUE			82			
	2 S. UREGON AVENUE MPA FL				Street Add	Idress (P.O. Box Number is Not Acceptable)	
IA	MEN EL			83			
				84	-		
				54	City		FL 85 Zip Code
office or r	to the provisions of Sections 607,050 eg stered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such chan	ge was authoriz	ed by	the corporat	poration submits this statement for the purions board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE							
12.	Stonature, typical or print of non-erof registered age	ectand title it applicable DIRECTORS	(NOTE Beg th		ent signarure rega	ired when renstating)	CAR
TIFLE	D OFFICERS AN			a. HTITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Add tion
NAME	CASON, JUDY			NAME			
STREET ADDRESS	18410 MONTEVERDE DR				r adoress		
C/TY+ST-Z/P	SPRING HILL FL			CITY-S			
TITLE	D	0		TITLE			Change Addition
NAME	MCCARTHY, JOAN		2:	NAME			
STREET ADDRESS	18421 MONTEVERDE DR.		2:	STREE	I ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		2	4 CITY -	ST-ZIP		
TITLE	D	D	ELETE 31	TITLE			Change Addition
NAME	HEMPHILL, JOYCE A.		3 3	NAME			
STREET ADDRESS	16111 DELIA CT.		3 3	STREE	LADORESS		
CITY - ST - ZIP	SPRING HILL FL			CITY-	ST-ZIP		
TITLE		Di		TITLE			Change Addition
NAME				2 NAME			
STREET ADDRESS					ADDRESS		
CITY - ST - ZIP				CITY - S	ST-ZIP		
TITLE		ل_ا الا		THE			Change Addition
NAME STREET ADDRESS				NAME	/ *DDDCCC		
CITY-ST-ZIP					1 ADDRESS		
TITLE		n n		CHY-S	ST ZIP		Change Addition
NAME				NAME			Onangs Aquiligit
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				CITY - S			
	by certify that the information supplied	d with this filing is volu				lify for the exemption stated in Section 1	9.07(3)(k), Florida Statutes

further certify that the information indicated on trus 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 trusted 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

8-1-96 8-3-869-0006