

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000005548 (0)

1. Corporation Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 11482  
SPRING HILL FL 34610

Mailing Address

P.O. BOX 11482  
SPRING HILL FL 34610

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RANDEE MACARIO  
18623 FIRETHORN  
SPRING HILL FL 34610

3. Date Incorporated or Qualified

10/26/1992

4. FEI Number

59-3147001

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

DAVID ESHELMAN

82

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

18707 MONTEVERDE DR

83

84

City

SPRING HILL

FL

85

Zip Code

34610

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 DAVID ESHELMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

1-10-98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME RANDEE MACARIO  
STREET ADDRESS 18623 FIRETHORN  
CITY-ST-ZIP SPRING HILL FL

TITLE VP ☒ DELETE

NAME ALAN WEINSTEIN  
STREET ADDRESS 18521 WELLBORN LANE  
CITY-ST-ZIP SPRING HILL FL

TITLE S ☐ DELETE

NAME BETTY HESS  
STREET ADDRESS 17605 DANSVILLE DR  
CITY-ST-ZIP SPRING HILL FL

TITLE T ☐ DELETE

NAME KATHY BOMHOFF  
STREET ADDRESS 18541 MONTEVERDE DR  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ DELETE

NAME DALE CROTEAU  
STREET ADDRESS 18509 MONTEVERDE DR  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☒ DELETE

NAME WARD HUMPHERY  
STREET ADDRESS 16340 HERON HILLS DR  
CITY-ST-ZIP SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☒ Addition

1.2 NAME DAVID ESHELMAN  
1.3 STREET ADDRESS 18707 MONTEVERDE DR  
1.4 CITY-ST-ZIP SPRING HILL FL 34610

2.1 TITLE V.P. ☐ Change ☐ Addition

2.2 NAME JACKIE SAWYER  
2.3 STREET ADDRESS 16701 KERRY HILL LANE  
2.4 CITY-ST-ZIP SPRING HILL FL 34610

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D. ☐ Change ☐ Addition

6.2 NAME DAN VAWLAKE  
6.3 STREET ADDRESS 16306 CONSUMARA LN.  
6.4 CITY-ST-ZIP SPRING HILL FL 34610

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: Kathy Bomhoff SIGNATURE REQUIRED

1-10-98

813 857-1124

CR2E037 (10/97)