

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90008 030 ****61.25

DOCUMENT # N96000005548

1. Corporation Name
HIGHLANDS 10 CIVIL ASSOCIATION

Principal Place of Business Mailing Address

SHADY HILLS Community Center

2. Principal Place of Business

SHADY HILL Community Center

3. Date Incorporated or Qualified

Oct 26, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15840 GREENGLADE

City & State

SPRING HILL, FL

City & State

Zip

Country

Zip

Country

34610

29

30

4. FEI Number

N96000005548

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID Eshelman
18707 Monteverde Dr
SPRING HILL, FL 34610

81 Name KATHY Bomhoff

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

18541 Monteverde Dr

83 SPRING HILL, FL

84 City

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 KATHY Bomhoff "TREASURER" Kathy Bomhoff

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

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES. DELETE

NAME DAVID ESHELMAN

STREET ADDRESS 18707 Mont everde Dr

CITY-ST-ZIP SPRING HILL, FL 34610

TITLE SECRETARY DELETE

NAME BETTY HEES

STREET ADDRESS 17605 DANVILLE DR

CITY-ST-ZIP SPRING HILL, FL 34610

TITLE DIRECTOR DELETE

NAME DALE CROTEAU

STREET ADDRESS 18509 MONTEVERDE

CITY-ST-ZIP SPRING HILL, FL 34610

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRES. NEW

CHARLE BARBIERE

16244 EAGLE View Ct.

SPRING HILL, FL

SECRETARY NEW

ROSE SOULIS

16602 DIPLOMAT

SPRING HILL, FL 34610

DIRECTOR

HAROLD IMHOFF

18300 Monteverde Dr

SPRING HILL, FL 34610

DIRECTOR

GARY LUDWIG

18347 SUGARBERRY LANE

SPRING HILL, FL 34610

TREASURER

KATHY Bomhoff

18541 Monteverde Dr

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, with all other like empowered.

SIGNATURE Kathy Bomhoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

727-857-1174

Date

Daytime Phone #

CR2E037 (11/98)