

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 036 ****70.00



DOCUMENT # N96000005548
 1. Entity Name
 HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Principal Place of Business: SHADY HILL COMMUNITY CENTE 15840 GREEN GLEN LANE 553 SPRING HILL FL 34610
 Mailing Address: ~~18600~~ MONTEVERDE DR SPRING HILL FL 34610



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 16709 DIPLOMAT DR
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: SPRING HILL, FL 34610
 4. FEI Number: 59-3147001
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CURRAN, DONNA
 18637 FIRTHORN DR
 SPRING HILL FL 34610

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: BLESDELL, JOAN STREET ADDRESS: 16907 DIPLOMAT DR. CITY-ST-ZIP: SPRING HILL FL 34610	<input type="checkbox"/> Delete
TITLE: SD NAME: GIOIELLE, LOIS STREET ADDRESS: 18600 MONTEVERDE DR CITY-ST-ZIP: SPRING HILL FL 34610	<input type="checkbox"/> Delete
TITLE: VD NAME: ALI, BEVERLY STREET ADDRESS: 16607 RICHLOAM CITY-ST-ZIP: SPRING HILL FL 34610	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: CURRAN, DONNA STREET ADDRESS: 18367 FIRETHORN CITY-ST-ZIP: SPRING HILL FL 34610	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: MEER, JIM STREET ADDRESS: 18811 WELLBORN CITY-ST-ZIP: SPRING HILL FL 34610	<input type="checkbox"/> Delete
TITLE: D NAME: LUDWIG, GARY STREET ADDRESS: 18813 SUGARBERRY LN CITY-ST-ZIP: SPRINGHILL FL 34610	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/D NAME: VENCEVITCH, ROBERT D STREET ADDRESS: 16800 RICHLOAM LANE CITY-ST-ZIP: Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T/D NAME: SANCHEZ, RAEBEL STREET ADDRESS: 16119 Heron Hills DR CITY-ST-ZIP: Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: STROM, KEN STREET ADDRESS: 16748 LEMANS DR CITY-ST-ZIP: SPRING HILL, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SIVZDAR, GENE STREET ADDRESS: 18241 SAND PINE DR CITY-ST-ZIP: SPRING HILL, FL 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lois H. Williams Ken Strom Gene Sivzdar 3/9/2006