2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 06, 2007 8:00 am Secretary of State

DOCUMENT # N9600005548 1. Entity Name HIGHLANDS 10 CIVIC ASSOCIATION, INC.						08-06-2007 90032 048 ****70					
Principal Place of Business SHADY HILL COMMUNITY CENTE 15840 GREEN GLEN LANE553 SPRING HILL, FL 34610 Mailing Address 16709 DIPLOM SPRING HILL, FL				0	· · · · · · · · · · · · · · · · · · ·			B 1610 bijii 0610 1014	#### #################################)
2. Principal Place of Business - No P.O. Box # 3. A			3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				08012007	Chg-NP	CR2E03	7 (12/06)	
City & State		Cit	City & State				4. FEI Numb 59-314				oplied For of Applicable
Zip	Country	Zip		Cou	untry		5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of C	Current Registere	d Agent					Address of New		gent	
CURRAN, DONNA					Name BLESEDELL, JOAN M.						
18637 FIRTHORN DR SPRING HILL, FL 34610				:	Street A	ddress (F	O. Box Numb	er is Not Accepta	ble)		
	·			16	16709 DIPLOMAT				DR.		
					City 5	PRI	NG /	141/1	FL	1 2B Coo	°610
SIGNATURE .	tions of registered agent.	Denie	MILIO	141	M.	R/F	SEDEL	L	8-1.	-07	
SIGNATURE	Separate, typed or printed name of register	ered agent and title if app	·				when reinstating)		DATE		
<u> </u>	Filing Fee is \$61.25 ue by September 14, 20		·	: Registered	d Agent signatu	ure required		le l	DATE Make check orida Departr		
D:	Filing Fee is \$61.25 ue by September 14, 20		9. Election Cam	: Registered	d Agent signatu	ure required	\$5.00 May B Added to Fees	le l	orida Departi CERS AND DIRI	ment of St	late
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

WAN ALL SUILLAME TO AN M. BLESEDE II 8/1/07
NATURE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

727-856-311

Daytime Phone #