

N9600005548



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 30, 1996

MR. MINOR
17913 SILVERTHORN CT.
SPRING HILL, FL 34610

SUBJECT: HIGHLANDS 10 CIVIC ASSOCIATION, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT corporation. Please be advised, we have corrected our records to reflect this corporation as a NONPROFIT corporation and assigned new document number N96000005548 with the original file date of October 26, 1992.

Any annual reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,
Sharon Tala
Document Specialist Supervisor
New Filings Section

Letter number: 096A00049988

SMITH & WILLIAMS

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

JEFFREY A. AMAN
JANA P. ANDREWS
DALE K. BONNER
MARGARET E. BOWLIS
DAVID I. COOLEY
ROBERT L. HARDING
J. GREGORY HUMPHRIES
JAMES A. MUENCH
BRIAN D. PUGH
NEAL A. SIVYER
D. SMITH

OLD HYDE PARK
712 SOUTH OREGON AVENUE
TAMPA, FLORIDA 33606-2569

(813) 251-5400

FAX (813) 254-3459

ORLANDO OFFICE:

201 EAST PINE STREET
SUITE 701
ORLANDO, FLORIDA 32801
(407) 849-8151

TAMPA

N96000005548

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Incorporation of Highlands 10 Civic Association, Inc.

Dear Sir or Madam:

Please find enclosed the following documents with regard to the above corporation:

1. Two (2) originals of the Articles of Incorporation - one for filing with the State, and the other for certification and return to our law office;
2. An original and one copy of the Certificate Designating Registered Agent; and
3. Highlands 10 Civic Association's check made payable to the Secretary of State in the amount of \$122.50 to cover the following costs:

a.	Filing Fee	\$ 35.00
b.	Certified Copy	52.50
c.	Registered Agent Designation	35.00
	Total:	\$122.50

Thank you for processing the above enclosures. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Donna Slavik
Assistant to Neal A. Sivyier

/ds
Enc.

Corrected
filed as
non profit
on 10/30/92
ST

**ARTICLES OF INCORPORATION
OF
HIGHLANDS 10 CIVIC ASSOCIATION, INC.
A NOT-FOR-PROFIT CORPORATION**

FILED
REC OCT 26 AM 9 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with the requirements of Chapter 617 of Florida Statutes, the undersigned, all of whom are residents of Florida and all of whom are of full age, have this day voluntarily associated themselves together for the purpose of forming a corporation not for profit and do hereby certify:

ARTICLE I

NAME

The name of the corporation shall be HIGHLANDS 10 CIVIC ASSOCIATION, INC. hereafter called the "Corporation."

ARTICLE III

PRINCIPAL OFFICE

The principal office of the Corporation shall be P.O. Box 11482, Spring Hill, Florida 34610. The Board of Directors may from time to time move the principal office to any other address.

ARTICLE III

DURATION

The Corporation shall commence business as soon as practicable after these Articles are filed in the office of the Secretary of State of the State of Florida, and shall have perpetual existence.

residual assets of the Corporation shall be distributed only for educational or charitable purposes to organizations which are exempt as organizations described in §501(c)(3) and §170(c)(2) of the Internal Revenue Code or corresponding sections of any prior or future law or to the Federal, State or Local Government for exclusive public purpose.

ARTICLE X

INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Office of the Corporation is 712 S. Oregon Avenue, Tampa, Florida, and the name of the Initial Registered Agent of the Corporation at that address is Neal A. Sivyer, Esquire.

ARTICLE XI

AMENDMENTS

Amendment of these Articles shall require a majority vote of the Board of Directors.

The Bylaws of the Corporation shall be made, altered, amended or repealed by a majority vote of the Board of Directors.

ARTICLE XII

POWERS

The Corporation shall have the powers and authority conferred upon it by law.

ARTICLE IV

PURPOSE

This Corporation does not contemplate pecuniary gain or profit to the members thereof, and the specific purpose for which it is formed is to educate the public concerning private property rights and participation in legislative and judicial processes to protect private property rights, provide charitable assistance to the community, and to organize community functions.

The corporation shall have and exercise any and all powers, rights and privileges which a corporation organized under Florida Statute, Chapter 617 may now or hereafter have or exercise.

All of the assets and earnings shall be used exclusively for the purposes hereinabove set out, including payment of expenses incidental thereto; and no part of the net earnings shall inure to the benefit of any individual.

ARTICLE V

QUALIFICATIONS OF MEMBERS

The qualifications of members and the manner of admission of members shall be as specified in the Bylaws of the Corporation.

ARTICLE VI

INCORPORATOR

The names and addresses of the Incorporators of the Corporation are Irwin Lieberman, 16316 Falkirk Lane, Spring Hill, Fl 34610 and Joan McCarthy, 18421 Monteverde Drive, Spring Hill, Fl 34610.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The affairs of this Corporation shall be managed by a Board of three (3) Directors, initially, who shall be members of the Corporation, provided that the Corporation shall always have at least three (3) directors. The names and addresses of the persons who are to act in the capacity of directors until the selection of their successors are:

<u>NAME</u>	<u>ADDRESS</u>
IRWIN LIEBERMAN	16316 Falkirk Lane Spring Hill, Fl 34610
JOAN McCARTHY	18421 Monteverde Drive Spring Hill, Fl 34610
EVELYN LEMOINE	16406 Eagle View Spring Hill, Fl 34610

At the first annual meeting the members shall elect a minimum three (3) directors for a term of two (2) years, and at each bi-annual meeting thereafter the members shall elect a minimum of three (3) directors for a term of two (2) years.

ARTICLE VIII

CAPITAL STOCK

The Corporation shall have no capital stock and the private property of the incorporators and members shall not be liable for the debts of the Corporation.

ARTICLE IX

DISSOLUTION

The Corporation may be dissolved with the assent given in writing by not less than a majority of the Board of Directors. In the event of dissolution, all of the

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 21st day of October, 1992.

Signed, sealed and delivered in the presence of:

Donna M. Shank
Donna M. Shank

Irwin Lieberman
Irwin Lieberman

Marilyn S. Tompkins
Marilyn S. Tompkins

Joan McCarthy
Joan McCarthy

Joan McCarthy
Joan McCarthy

Marilyn S. Tompkins
Marilyn S. Tompkins

STATE OF FLORIDA

COUNTY OF PASCO

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Irwin Lieberman and Joan McCarthy, known to me and known by me to be the person who executed the foregoing ARTICLES OF INCORPORATION of HIGHLANDS 10 CIVIC ASSOCIATION, INC. and they acknowledged before me that they executed those ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 21st day of October, 1992.

Donna M. Shank
NOTARY PUBLIC, STATE OF FLORIDA
Donna M. Shank

My Commission Expires:

Notary Public
State of Florida at Large
My Commission Expires:
October 4, 1994

CERTIFICATE DESIGNATING REGISTERED AGENT

In pursuance of Chapter 48.091 and Chapter 607.325, Florida Statutes, the following is submitted in compliance with said Act:

That HIGHLANDS 10 CIVIC ASSOCIATION, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at P.O. Box 11482, Spring Hill, FL 34610, State of Florida, has named Neal A. Sivyver, Esquire, located at 712 S. Oregon Avenue, City of Tampa, County of Hillsborough, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to the proper and complete performance of my duties, and I accept the duties and obligations of Chapter 607.325, Florida Statutes.

By: 
Neal A. Sivyver, Esquire
REGISTERED AGENT

DATED: October 22, 1984

FILED
302 OCT 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Now. Filing Fee after May 1 is \$225.00

APPROVED
AND
FILED

93 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
John Corbett
Secretary of State
CONSUMER PROTECTION DIVISION

1. Name of Mailing Address of Corporation DOCUMENT # N9660005548
HIGHLANDS 10 CIVIC ASSOCIATION, INC.
PO BOX 11482
BROOKSVILLE FL 34610-0482

(DO NOT WRITE IN THIS SPACE)

3. Taxable Corporation (Yes/No) 3a. Date of Last Report
10/26/1992

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. Filing Fee 5. Certificate of Filing (Required) ☐ \$11.00

6. Filing Certificate (Required) ☐ \$5.00 May Be Added to Fees

7. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

8. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

9. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

10. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

11. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

12. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

13. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

14. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

15. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

16. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

17. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

18. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

19. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

20. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

21. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

22. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

23. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

24. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

25. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

26. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

27. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

28. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

29. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

30. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

31. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

32. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

33. To report with RUC (Required) ☐ \$138.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent
SIVYER NEAL A
712 S. OREGON AVENUE
TAMPA FL

10. Name and Address of New Registered Agent
11. Signature of Agent
12. Title of Agent
13. City
14. State
15. Country

16. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been verified by the board of directors of the corporation.

SIGNATURE DATE

17. Title	D LIEBERMAN IRWIN	18. Title	
19. Name	18316 FALKIRK LANE	20. Name	
21. Address	SPRING HILL FL	22. Address	
23. City		24. City	
25. Title	D MCCARTHY JOAN	26. Title	
27. Name	18421 MONTEVERDE DR.	28. Name	
29. Address	SPRING HILL FL	30. Address	
31. City		32. City	
33. Title	D -	34. Title	
35. Name	LEMON - EVELYN -	36. Name	
37. Address	18406 EAGLE VIEW	38. Address	
39. City	SPRING HILL FL	40. City	
41. Title	Joyce A. Hemphill	42. Title	
43. Name	1611 Delia Ct	44. Name	
45. Address	Spring Hill, FL 34610	46. Address	
47. City		48. City	
49. Title		50. Title	
51. Name		52. Name	
53. Address		54. Address	
55. City		56. City	
57. Title		58. Title	
59. Name		60. Name	
61. Address		62. Address	
63. City		64. City	

16. I certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been verified by the board of directors of the corporation.

SIGNATURE DATE 4-28-93

Print Name of Signing Officer or Certified Officer (813) 856-6146

PLEASE PAY: FILING FEE AFTER MAY 12 1994

APPROVED
FILED
APR 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



1. Corporation Name
HIGHLANDS 10 CIVIC ASSOCIATION, INC.

DOCUMENT #
N96000005548

Mailing Address
P.O. BOX 11488
SPRING HILL FL 34610

Principal Place of Business
P.O. BOX 11488
SPRING HILL FL 34610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
3a. Principal Place of Business

3. Date of Last Report
10/26/1992

4. FCI Number
50-8147001

5. Certificate of Status Desired
S1172

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

7. Nonprofit Exempt from \$135.75 Supplemental Fee
Yes ☐ No ☐

8. This corporation has liability for intangible tax under S. 196.032, Florida Statutes
Yes ☐ No ☐

9. Name and Address of Current Registered Agent
SWYER NEAL A
712 S. OREGON AVENUE
TAMPA FL

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1508 or Sections 617.0602 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, term similar with, and accept the obligation of, Section 607.0605 or 617.0603, Florida Statutes.

SIGNATURE: *Joyce A. Hemphill* DATE: 4-21-94

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	1.2 NAME	LIEDERMAN BRYN	1.1 TITLE	D	1.2 NAME	CASON, JUDY
1.3 STREET ADDRESS	18716 EAGLE LANE	1.3 STREET ADDRESS	13410 MONTEVERDE DR.	1.3 STREET ADDRESS	13410 MONTEVERDE DR.	1.3 STREET ADDRESS	SPRING HILL, FL. 34600
1.4 CITY-STATE-ZIP	SPRING HILL FL 34610	1.4 CITY-STATE-ZIP	SPRING HILL, FL. 34600	1.4 CITY-STATE-ZIP	SPRING HILL, FL. 34600	1.4 CITY-STATE-ZIP	
2.1 TITLE	D	2.2 NAME	MCCARTHY JOAN	2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS	18421 MONTEVERDE DR.	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	SPRING HILL FL 34610	2.4 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
3.1 TITLE	D	3.2 NAME	HEMPHILL JOYCE A.	3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS	18111 DELIA CT.	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	SPRING HILL FL	3.4 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
4.1 TITLE		4.2 NAME		4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
5.1 TITLE		5.2 NAME		5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6.1 TITLE		6.2 NAME		6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: *Joyce A. Hemphill* 4-21-94 815-856-1461

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005548

1. Corporation Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 11082
SPRING HILL FL 34810

Mailing Address

P.O. BOX 11082
SPRING HILL FL 34810

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Quasi
10/26/1992

3a. Date of Last Report
04/27/1994

4. F.I. Number
59-3147001

Approved 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. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMYER, NEAL A
712 S. OREGON AVENUE
TAMPA FL

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607 (3)(a) and 607.1500, 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 607.030, Florida Statutes.

SIGNATURE

Original signature (typed or printed name of registered agent) and date of signature

Signature of the person who accepts appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASON, JUDY
STREET ADDRESS	1710 MONTEVERDE DR
CITY-STATE-ZIP	SPRING HILL FL
TITLE	D
NAME	MCCARTHY, JOAN
STREET ADDRESS	18421 MONTEVERDE DR
CITY-STATE-ZIP	SPRING HILL FL 34810
TITLE	D
NAME	HEMPHILL, JOYCE A.
STREET ADDRESS	18111 DELIA CT.
CITY-STATE-ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: RE: 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce A. Hemphill Sec. Treas
Joyce A. Hemphill

5-10-95

813-856-1464

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005548

1. Corporation Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 11482
SPRING HILL FL 34610

P.O. BOX 11482
SPRING HILL FL 34610

3. Date Incorporated or Qualified 10/26/1992	3a. Date of Last Report 05/16/1995
4. F.T.I. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	
SIYER, NEAL A 712 S. OREGON AVENUE TAMPA FL	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CASON, JUDY ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	18410 MONTEVERDE DR	12 NAME	
STREET ADDRESS	SPRING HILL FL	13 STREET ADDRESS	
CITY- ST- ZIP		14 CITY- ST- ZIP	
TITLE	D MCCARTHY, JOAN ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	18421 MONTEVERDE DR.	22 NAME	
STREET ADDRESS	SPRING HILL FL 34610	23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE	D HEMPHILL, JOYCE A. ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	16111 DELIA CT.	32 NAME	
STREET ADDRESS	SPRING HILL FL	33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joyce A. Hemphill

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

8-1-96

Date

813-869-0006

Daytime Phone #

N9600005548

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: William J. Minor EIN or SS#: _____

Address: 17913 Silverthorn CT.
Spring Hill, FL 34610

Amount: \$ 416.25 Date Paid _____

Reason for claim: Articles filed in error as profit, corrected records and issued
N96000005548 - HIGHLANDS 10 CIVIC ASSOCIATION, INC. Request refund of overpayment.
on annual reports Sharon Tala/New Filings

Certified true and correct this _____ day of _____, 19 _____.

Signature: William J. Minor

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>416.25</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>94252-004</u>	dated <u>04/27/94</u>
<u>96742-020</u>	<u>05/16/95</u>
<u>97632-042</u>	<u>08/07/96</u>
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)