

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005548

1. Entity Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90193 012 ****61.25

00025289



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| SHADY HILL COMMUNITY CENTE 15840 GREEN GLEN LANE553 SPRING HILL FL 34610 | 18541 MONTERERDE DR SPRING HILL FL 34610 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | 18600 MONTEVERDE DR |

| | |
|--------------|-----------------|
| City & State | City & State |
| | SPRING Hill, FL |

| | | | |
|-----|---------|-------|---------|
| Zip | Country | Zip | Country |
| | | 34610 | |

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 59-3147001 | Not Applicable |

| | |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

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| 6. Name and Address of Current Registered Agent |
| ESHELMAN, DAVID 18707 MONTEVERDE DR SPRING HILL FL 34610 |

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|--|
| 7. Name and Address of New Registered Agent |
| Name: LOIS H GIOIELLI |
| Street Address (P.O. Box Number is Not Acceptable): 18600 MONTEVERDE DRIVE |
| City: SPRING Hill FL Zip Code: 34610 |

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| 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. |
| SIGNATURE: <i>Lois Gioielli</i> DATE: 3/12/01 |
| <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |

| | | |
|-----------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARBIERE, CHARLIE 16244 EAGLE VIEW CT. SPRING HILL FL 34610 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SOULIS, ROSE 16602 DIPLOMAT SPRING HILL FL 34610 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BARBIRE, CHARLIE 16244 EAGLE VIEW CT BROOKSVILLE FL 34610 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUDWIG, GARY 18347 SUGARBERRY LANE SPRING HILL FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOMHOFF, KATHY 18541 MONTEVERDE DR. SPRING HILL FL 34610 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAKE, DAN L 16306 CONNEMARA LN SPRINGHILL FL 34610 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT BENNETT, KARIN 16339 CONNEMARA LN SPRING Hill, FL 34610 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT LAMA, MARGE 17820 MONTEVERDE DR SPRING Hill, FL 34610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER GIOIELLI, LOIS 18600 MONTEVERDE DR SPRING Hill, FL 34610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental reports 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: <i>Lois Gioielli</i> DATE: 3/13/01 | 727-856-7278 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |

CR2E037 (10/00)