

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 015 ****70.00

DOCUMENT # N96000005548 1. Entity Name HIGHLANDS 10 CIVIC ASSOCIATION, INC.					
Principal Place of Business SHADY HILL COMMUNITY CENTE 15840 GREEN GLEN LANE553 SPRING HILL, FL 34610			Mailing Address 16709 DIPLOMAT DR SPRING HILL, FL 34610		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3147001	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required -				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLESEDELL, JOAN M 16709 DIPLOMAT DR SPRING HILL, FL 34610			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLESEDELL, JOAN M		NAME	Williams, Lois H	
STREET ADDRESS	16907 DIPLOMAT DR.		STREET ADDRESS	18600 Monteverde Dr	
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIOIELLE, LOIS		NAME	SLARYSSA Karchele	
STREET ADDRESS	18600 MONTEVERDE DR		STREET ADDRESS	16536 NACOMBS LANE	
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENCEVICH, ROBERT D		NAME	BARKEY, ELEANOR	
STREET ADDRESS	16800 RICHLOAM LANE		STREET ADDRESS	18347 SAND PINE DR	
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, RAFAEL		NAME	FURY, MARY Beth	
STREET ADDRESS	16119 HERON HILLS DR		STREET ADDRESS	16610 NACOMBS LANE	
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	BUSH, JANICE A		NAME		
STREET ADDRESS	18224 SAND PINE DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SIVZDAK, GENE		NAME		
STREET ADDRESS	18241 SAND PINE DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
12. I hereby 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:			4/1/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		