

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724428

**Entity Name:** HIGHRIDGE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

311 HERMITAGE DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

311 HERMITAGE DRIVE  
ALTAMONTE SPRINGS, FL 32701

**FEI Number: 23-7337140**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HIGH RIDGE CIVIC ASSOCIATION  
309 WESTCHESTER DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

*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: ROSS DUHAIME**

**01/10/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALTER, SCOTT  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            T  
Name            DUHAIME, ROSS  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            VP  
Name            OWENS, PAUL  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            LONGSHORE, GINA  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            SECRETARY  
Name            WEEKS, CORI  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            WAKEMAN, GARY  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            QUIGLEY, PATRICIA  
Address        311 HERMITAGE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROSS DUHAIME**

**TREASURER**

**01/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date