

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -9 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702164 (5)

1. Corporation Name

HARBOUR HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2530 HARBOR DRIVE
HARBOUR HEIGHTS FL 33983-3155

2530 HARBOR DRIVE
HARBOUR HEIGHTS FL 33983-3155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1961

3a. Date of Last Report

04/21/1994

4. FBI Number

06-0154551

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEVIGNY, DOROTHY
27385 VOYAGEUR DR.
HARBOUR HEIGHTS FL 33983-3155

81 Name

WILLIAM C. WILKES

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

27400 VOYAGEUR DR

83

HARBOUR HEIGHTS

84 City

HARBOUR

FL

85 Zip Code

33983

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

WILLIAM C. WILKES

William C. Wilkes

1-18-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ILL, JOHN F.
STREET ADDRESS	27365 VOYAGEUR DR
CITY - ST - ZIP	HARBOUR HEIGHTS FL
TITLE	V
NAME	BENINATI, DOMINIC
STREET ADDRESS	3018 PEACE RIVER DR
CITY - ST - ZIP	HARBOUR HEIGHTS FL
TITLE	S
NAME	SEVIGNY, DOROTHY
STREET ADDRESS	27385 VOYAGEUR DR
CITY - ST - ZIP	HARBOUR HEIGHTS FL
TITLE	T
NAME	LONG, BARBARA
STREET ADDRESS	27288 SAN MARINO DR
CITY - ST - ZIP	HARBOUR HEIGHTS FL
TITLE	D
NAME	COOK, JAMES
STREET ADDRESS	3080 S. SAN MARCO DR.
CITY - ST - ZIP	HARBOUR HEIGHTS FL
TITLE	D
NAME	HANSBERRY, WILLIAM
STREET ADDRESS	450 CARDIFF ST.
CITY - ST - ZIP	HARBOUR HEIGHTS FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	000001403290
1.4 CITY - ST - ZIP	-02/10/95--01061--012
2.1 TITLE	*****61.25 ☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	LILLIAN H. WILKES
3.3 STREET ADDRESS	27400 VOYAGEUR DR
3.4 CITY - ST - ZIP	HARBOUR HEIGHTS FL 33983
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	WILLIAM C. WILKES
4.3 STREET ADDRESS	27400 VOYAGEUR DR.
4.4 CITY - ST - ZIP	HARBOUR HEIGHTS FL 33983
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	T.S. 2/9/95
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 recorder 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:

WILLIAM C. WILKES

William C. Wilkes

1-18-95

813-625-7740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(System) (Team) 8