

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 709182 (O)
1. Corporation Name
FOREST HILLS CIVIC ASSOCIATION, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:14

Principal Place of Business
1749 HARPON DRIVE
HOLIDAY FL 34690
US

Mailing Address
P.O. BOX 3262
HOLIDAY FL 34690
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1965 3a. Date of Last Report 02/17/1994
4. FEI Number 59-1774557 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 YES \$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 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

DOYLE, ARTHUR J. JR.
1248 ERMINE DR.
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name Arthur J. Doyle, President
82 Street Address (P.O. Box Number is Not Acceptable) 1248 Ermine Dr.
83 Holiday, FL 34690
84 City FL 85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

Arthur J. Doyle, Jr.

(NOTE: Registered Agent signature required when reappointing)

2/6/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOYLE, ARTHUR J. JR.
STREET ADDRESS	1248 ERMINE DR
CITY-ST-ZIP	HOLIDAY FL
TITLE	VP
NAME	KAMPSCHROER, JOHN J.
STREET ADDRESS	1339 BASSWOOD DR
CITY-ST-ZIP	HOLIDAY FL
TITLE	S
NAME	BRICKLEY, VEE
STREET ADDRESS	1530 ROUNDTREE RD
CITY-ST-ZIP	HOLIDAY FL
TITLE	T
NAME	ENGSTROM, MILDRED Y.
STREET ADDRESS	5848 APPLE TREE RD
CITY-ST-ZIP	HOLIDAY FL
TITLE	D
NAME	GARROLL, RUSSELL
STREET ADDRESS	1305 BRIGHTWELL DR
CITY-ST-ZIP	HOLIDAY FL
TITLE	D
NAME	WELLS, STEWART M.
STREET ADDRESS	5253 FROEST HILLS DR
CITY-ST-ZIP	HOLIDAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Quimby Heetzler, V. Pres.
2.3 STREET ADDRESS	5434 Celcus Dr.
2.4 CITY-ST-ZIP	Holiday, FL 34690
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	John J. Kampschroer
5.3 STREET ADDRESS	1330 Basswood Dr.
5.4 CITY-ST-ZIP	Holiday, FL 34690
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 110.07(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 majority 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 my attached list with an address.

SIGNATURE:

Arthur J. Doyle, Jr.
ARTHUR J. DOYLE, JR. President

2/6/95

Division of Corporations