


FILE NOW: FILING FEE IS \$61.25

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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709182 (0)
1. Corporation Name
FOREST HILLS CIVIC ASSOCIATION, INCORPORATED



Principal Place of Business 1749 HARPON DRIVE HOLIDAY FL 34690 US	Mailing Address P.O. BOX 3262 HOLIDAY FL 34690-0262 US
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3. Date Incorporated or Qualified 06/21/1965	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-1774557 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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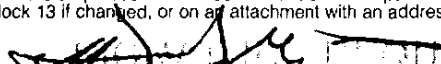
9. Name and Address of Current Registered Agent ASKEW, VANCE 1606 ROUNDTREE RD. HOLIDAY FL 34690	10. Name and Address of New Registered Agent 81 Name H. Quimby Heetzler 82 Street Address (P.O. Box Number is Not Acceptable) 5434 Celcus Dr. 83 City 84 City Holiday, FL FL 85 Zip Code 34690
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  **H. Quimby Heetzler, Pres.** **January 21, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASKEW, VANCE	1.2 NAME	H. Quimby Heetzler
STREET ADDRESS	1606 ROUNDTREE RD.	1.3 STREET ADDRESS	5434 Celcus Dr.
CITY-ST-ZIP	HOLIDAY FL 34690	1.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILEY, ROBERT	2.2 NAME	George Hogan
STREET ADDRESS	5423 FOREST HILLS DR.	2.3 STREET ADDRESS	1104 Lodestar Dr.
CITY-ST-ZIP	HOLIDAY FL 34690	2.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, BETTY	3.2 NAME	Mary Kampschroer
STREET ADDRESS	5611 BAROQUE DR.	3.3 STREET ADDRESS	1330 Basswood Dr.
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGSTROM, MILDRED Y	4.2 NAME	Mildred Y. Engstrom
STREET ADDRESS	5848 APPLETREE RD	4.3 STREET ADDRESS	5848 Appletree Rd.
CITY-ST-ZIP	HOLIDAY FL 34690	4.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITTI, ANTHONY	5.2 NAME	Vance Askew
STREET ADDRESS	5513 CASINO DR.	5.3 STREET ADDRESS	1606 Roundtree Rd.
CITY-ST-ZIP	HOLIDAY FL 34690	5.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, ARTHUR J JR.	6.2 NAME	Helen Pappi
STREET ADDRESS	3100 SOUTHPORT DR.	6.3 STREET ADDRESS	5306 Forest Hills Dr.
CITY-ST-ZIP	HOLIDAY FL 34690	6.4 CITY-ST-ZIP	Holiday, FL 34690

14. I do 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 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 receiver 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:  **H. Quimby Heetzler, Pres. (813) 034 8656**

CR2E037 (9/96)