

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709182

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
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90086 039 ****61.25

0072498

4 7 2 6 7 6 - 9 0 0 8 6 - 3 9



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/21/1965

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

9. Name and Address of Current Registered Agent

HEOTZLER, H QUIMBY
5434 CELCUS DR
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name BETTS III ERNEST C.
82 Street Address (P.O. Box Number is Not Acceptable)
3837 HOLIDAY LAKE DR
83
84 City HOLIDAY FL 85 Zip Code 34691

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 ERNEST C. BETTS III PRESIDENT

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASKEW, VANCE	
STREET ADDRESS	1606 ROUNDTREE RD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOGAN, GEORGE	
STREET ADDRESS	1104 LODESTAR DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILKE, L	
STREET ADDRESS	5313 BARO	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BETTS, III E C	
STREET ADDRESS	3837 HOLIDAY LAKE DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HEOTZLER, H QUIMBY	
STREET ADDRESS	5434 CELCUS DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAPPI, HELEN	
STREET ADDRESS	5306 FOREST HILLS DR	
CITY-ST-ZIP	HOLIDAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOLLAND, BETTY	
1.3 STREET ADDRESS	5611 BAROQUE DR.	
1.4 CITY-ST-ZIP	HOLIDAY FL 34690	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KAYE HARDING	
5.3 STREET ADDRESS	1908 HARPON DR	
5.4 CITY-ST-ZIP	HOLIDAY FL 34690	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEO KISTER	
6.3 STREET ADDRESS	1139 FERNWOOD DR	
6.4 CITY-ST-ZIP	HOLIDAY FL 34690	

14. I 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, with all other like empowered.

SIGNATURE: ERNEST C. BETTS III PRESIDENT 4/26/99 727-943-8239

CR2E037 (1/98)