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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **715699** **(5)**

1. Corporation Name

THE SPRING HILL CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
1202 KENLAKE AVENUE P.O. BOX 3092 SPRING HILL FL 34606	1202 KENLAKE AVENUE P.O. BOX 3092 SPRING HILL FL 34606-4727

3. Date Incorporated or Qualified: **12/11/1968**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-6223785** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEVINS, DOUGLAS G.
143 SOUTH MAIN STREET
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, MORTY		1.2 NAME		
STREET ADDRESS	117 LODGE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VAPOREAN, MARY		2.2 NAME		
STREET ADDRESS	11335 CORRIGAN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP		
TITLE	BD	☒ DELETE	3.1 TITLE	BD	☐ Change ☐ Addition
NAME	COLVIN, GORDON	X	3.2 NAME	John Flack	
STREET ADDRESS	4575 KIRKLAND AVE		3.3 STREET ADDRESS	9418 Swiss Rd.	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	Spring Hill, Fl. 34606	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	KANNER, ANGELA		4.2 NAME	Therese White	
STREET ADDRESS	12861 N LINDEN DR		4.3 STREET ADDRESS	2451 Appian Way	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	~~Spring Hill, Fl. 34608~~	
TITLE	BD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOUMA, GRACE		5.2 NAME		
STREET ADDRESS	6506 MAYHILL CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, JAMES J		6.2 NAME		
STREET ADDRESS	9342 MALLARD ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: _____ 3-23-97 352-686-2202
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #