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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719158** (8)

1. Corporation Name

THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC ASSOCIATION, INCORPORATED



Principal Place of Business 4375 S. LITTLE AL POINT P O BOX 1261 INVERNESS FL 34451-1261 US	Mailing Address 4375 S. LITTLE AL POINT P O BOX 1261 INVERNESS FL 34451-1261 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/18/1970	3a. Date of Last Report 03/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6556811	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GASPER, PRESTI 6280 E. PLUM ST. INVERNESS FL 34452	10. Name and Address of New Registered Agent 81 Name RICHARD SNYDER 82 Street Address (P.O. Box Number is Not Acceptable) 1230 DARTMOUTH TERRACE 83 INVERNESS 84 City FL 85 Zip Code 34452
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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 Richard Snyder DATE 5/27/97
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD	1.2 NAME	
STREET ADDRESS	1230 DARTMOUTH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34452	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE V	FRANCES HIMPELE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTI, GASPER	2.2 NAME	6262 E. MALVERNE ST.
STREET ADDRESS	6280 E. PLUM ST.	2.3 STREET ADDRESS	INVERNESS, FL. 34452
CITY-ST-ZIP	INVERNESS FL 34452	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE V.P.	G. LEE CLOWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONEIS, MURIEL	3.2 NAME	5189 S. ROBERT BLAKE AVE.
STREET ADDRESS	4061 SILVER FOX TERRACE	3.3 STREET ADDRESS	INVERNESS, FL. 34452
CITY-ST-ZIP	INVERNESS FL 34452	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONELS, MURIEL	4.2 NAME	
STREET ADDRESS	4061 SILVERFOX TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	2VPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRADOT, PASQUALE	5.2 NAME	
STREET ADDRESS	611 POPLAR ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34452	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 Richard Snyder DATE 5/27/97

CR2E037 (9/96)