

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90218 004 ****61.25

DOCUMENT # 719158

1. Corporation Name

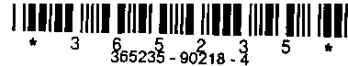
THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC ASSOCIATION, INCORPORATED

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/18/1970

4. FEI Number

59-6556811

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

SNYDER, RICHARD
1230 DARTMOUTH TERR
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name

CARL W. GARRAND

82 Street Address (P.O. Box Number is Not Acceptable)

314 QUAIL ROOST DR.

83

INVERNESS, FL.

84 City

INVERNESS

FL

85 Zip Code

34453

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SNYDER, RICHARD
STREET ADDRESS 1230 DARTMOUTH TERR
CITY-ST-ZIP INVERNESS FL ☒ DELETE

TITLE T
NAME HIMPELE, FRANCES
STREET ADDRESS 6262 E MALVERNE ST
CITY-ST-ZIP INVERNESS FL ☐ DELETE

TITLE T
NAME CLOWARD, G L
STREET ADDRESS 5189 S ROBERT BLAKE AVE
CITY-ST-ZIP INVERNESS FL ☒ DELETE

TITLE SDT
NAME KRONELS, MURIEL
STREET ADDRESS 4661 SILVERFOX TERR
CITY-ST-ZIP INVERNESS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME CARL W. GARRAND ☒ Change ☐ Addition
1.3 STREET ADDRESS 314 QUAIL ROOST DR.
1.4 CITY-ST-ZIP INVERNESS, FL 34453

2.1 TITLE D
2.2 NAME GERALD CORCORAN ☒ Change ☐ Addition
2.3 STREET ADDRESS 5195 E. PRENTICE LANE
2.4 CITY-ST-ZIP INVERNESS, FL 34453

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)