2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
04-20-2000 90042 002 ****61.25

DOCUMENT # 719158

1. Entity Name

THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC ASS

Principal Place of Business	Mailing Address
4375 S. LITTLE AL POINT P O BOX 1261 INVERNESS FL 34451-1261 US	4375 S. LITTLE AL POINT P O BOX 1261 INVERNESS FL 34451-1261 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness FL.	City & State
Zip: 34451 Country: Citrus	Zip: 34451 Country: Citrus

4. FEI Number: 59-6556811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRAND, CARL W 314 QUAIL ROOST DR INVERNESS FL 34453	Name: HANSEN KARL - H. Street Address (P.O. Box Numbers Not Acceptable): 6151 E. Tremont St. Inverness City: Inverness FL. Zip Code: 34452

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Karl-H. Hansen President. 4/15/2000
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)* *DATE*

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HIMPELE, FRANCES 6262 E MALVERNE ST INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President: KARL-H. Hansen 6151 E. Tremont St Inverness Fl. 34452 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT KRONELS, MURIEL 4661 SILVERFOX TERR INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE LEE CLOWARD 5189 ROBERT BLAKE AVE INV. FL. 34452 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRAND, CARL W 314 QUAIL ROOST DR INVERNESS FL 34453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCES HIMPELE 6262 E MALVERNE ST INV. FL 34452 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORCORAN, GERALD 5195 E PRENTICE LANE INVERNESS FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. THOMAS DWYER 5510 S. KLINE TERRACE INV. FL. 34452 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Karl-H. Hansen 4/15/00 352-344-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #