

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90029 038 ****61.25

DOCUMENT # 719158

1. Entity Name

**THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC
ASSOCIATION, INCORPORATED**



Principal Place of Business

Mailing Address

**4375 S. LITTLE AL POINT
P O BOX 1261
INVERNESS FL 34452
US**

**P O BOX 1261
INVERNESS FL 34451-1261
US**

34031530



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6556811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLOWARD, GEORGE LEE
5189 ROBERT BLAKE
INVERNESS FL 34452**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
HIMPELE, FRANCES ☐ Delete
6262 E MALVERNE ST
INVERNESS FL

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☐ Delete
CLOWARD, LEE
5189 ROBERT BLAKE
INVERNESS FL 34452

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☐ Delete
FORGIONE, JOY
6036 E. TREMONT ST
INVERNESS FL 34452

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☐ Delete
GRAHAM, EDWIN
3355 S OAKDALE TERRACE
INVERNESS FL 34452

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITILE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04

Date

726-0919

Daytime Phone #