


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90343 009 \*\*\*\*61.25

<b>DOCUMENT # 719158</b>	
<b>1. Entity Name</b> THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC ASSOCIATION, INCORPORATED	

<b>Principal Place of Business</b> 4375 S. LITTLE AL POINT P O BOX 1261 INVERNESS FL 34452 US	<b>Mailing Address</b> P O BOX 1261 INVERNESS FL 34451-1261 US
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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1st MOORE CR2E037 (10/04)

<b>6. Name and Address of Current Registered Agent</b> <u>CLOWARD, GEORGE LEE</u> <u>5189 ROBERT BLAKE</u> <u>INVERNESS FL 34452</u>	<b>7. Name and Address of New Registered Agent</b> Name <u>PAUL WINBURN</u> Street Address (P.O. Box Number is Not Acceptable) <u>6389 E. WINGATE ST</u> <u>INVERNESS, FL</u> City <u>INVERNESS</u> FL Zip Code <u>34452</u>
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**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 Paul J. Winburn DATE 4/23/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>SAC.</b> NAME HIMPELE, FRANCES STREET ADDRESS 6262 E MALVERNE ST CITY-ST-ZIP INVERNESS FL	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b> NAME PAUL WINBURN STREET ADDRESS 6389 E. WINGATE ST CITY-ST-ZIP INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SDT</b> NAME KRONELS, MURIEL STREET ADDRESS 4661 SILVERFOX TERR CITY-ST-ZIP INVERNESS FL	<input checked="" type="checkbox"/> Delete	TITLE <b>KARL HANSEN VP</b> NAME STREET ADDRESS 6151 E. TREMONT ST. CITY-ST-ZIP INVERNESS, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME CLOWARD, LEE STREET ADDRESS 5189 ROBERT BLAKE CITY-ST-ZIP INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete	TITLE <b>2ND VP</b> NAME PAT CLOWARD STREET ADDRESS 5189 ROBERT BLAKE CITY-ST-ZIP INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME FORGIONE, JOY STREET ADDRESS 6036 E. TREMONT ST CITY-ST-ZIP INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME GRAHAM, EDWIN STREET ADDRESS 3355 S OAKDALE TERRACE CITY-ST-ZIP INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul J. Winburn DATE 4/23/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR