2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State
02-22-2007 90028 029 ****61.25

66004387

1st MOORE CR2E037 (10/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
WINBURN, PAUL 6389 E WINGATE ST INVERNESS FL 34452	Name: ANNE BUTTIGIEG Street Address (P.O. Box Number is Not Acceptable): 5474 S. KLINE TERRACE City: INVERNESS, FL. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Anne Buttigieg
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, 2007

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HIMPELE, FRANCES 6262 E MALVERNE ST INVERNESS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANNE BUTTIGIEG 5474 S. KLINE TERRACE INVERNESS, FL. 34452 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINBURN, PAUL 6389 E WINGATE STREET INVERNESS FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FRANCES HIMPELE 6262 E. MALVERNE ST INVERNESS, FL. 34452 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HANSEN, KARL 6151 E TREMONT ST INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORGIONE, JOY 6036 E. TREMONT ST INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CLOWARD, PAT 5189 ROBERT BLAKE INVERNESS FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6. PAT CLOWARD 5189 ROBERT BLAKE AVE INVERNESS. FL 34452 ☒ 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 exemptions contained in Section 119, 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: (TREAS.) 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #