

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 719158

1. Entity 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 34452 US

Mailing Address

P O BOX 1261
INVERNESS, FL 34451-1261 US



02262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

BUTTIGIEG, ANNE
5474 S. KLINE TERR.
INVERNESS, FL 34452

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BUTTIGIEG, ANNE
STREET ADDRESS 5474 S. KLINE TERR.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V
NAME HIMPLE, FRANCES
STREET ADDRESS 6262 E. MALVERNE ST.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V
NAME HANSEN, KARL
STREET ADDRESS 6151 E TREMONT ST
CITY-ST-ZIP INVERNESS, FL 34452

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

TITLE S
NAME CLOWARD, PAT
STREET ADDRESS 5189 ROBERT BLAKE
CITY-ST-ZIP INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000857971
04/01/08-80026-004 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Anne Buttigieg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR