2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 719158

THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC ASS OCIATION, INCORPORATED



Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90190 039 ****61.25

FILED

Principal Place of Business Mailing Address 4375 S. LITTLE AL POINT 4375-S. LITTLE AL-POINT P 0 80X 1201 P O BOX 1261 INVERNESS FL 24451-129 INVERNESS FL 34451-1261

| 2. Principal Place of Business 3. | | 3. Mailing Address | Mailing Address | |] | | | | |
|---------------------------------------|---|--|---|--|--|---|---------------------------------------|---------------------------|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State C | | City & State | ity & State | | . FEI Number 59 - | ⊢ | pplied For ot Applicable | | |
| Zip | Country | Zip | Country | | _5: Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current | 7. Name and Address of New Registered Agent | | | | | | | |
| | | | Name GEORGE LEE CLOWARD | | | | | | |
| KARL HA | NSEN | CERLANARD PR | Street Add | Street Address (P.O. Box Number is Not Acgeptable) | | | | | |
| | TREMONT ST GEORGE LOSS FL 34452 | EE CLOWARD PRINT BLAKE AVE. | | TI 100 | | | | | |
| DELET | 5789 ROBE | El Donne III- | LNV | ERN | 1655 | | | | |
| Derei | INVERN | ESS, FL. 3445 | City | | | F | L Zipcod | 452 | |
| | e named entity submits this statement fo | r the purpose of changing its re | gistered office or re | egistered a | agent, or both, in th | e State of Florida. I ar | n familiar with, | and accept | |
| the obligat | tions of registered agent. | 0 10 | • | | | | _ | | |
| SIGNATURE | Beorge Dee C | Coward, Tre | ilent | | | 4-1- | 03 | | |
| aidily) other | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | Registered Agent signature i | required whe | n reinstating) | DATE | | | |
| Б | | | | | T | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | FILE NOW: FEE IS \$61.25 | aign Financing htribution. | | ded to Fees | Make Che Florida Depa | ck Payable artment of § | | | |
| 10. | OFFICERS AND DIE | RECTORS | 11. | | | TO OFFICERS AND | | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HIMPELE, FRANCES 6262 E MALVERNE ST INVERNESS FL | ☐ Delete | NAME | 3355 | rs. Oakda | LE TERACE | , | Addition | |
| TITLE | SDT | ☐ Delete | TITLE | <u> </u> | | | ☐ Change | Addition | |
| NAME | KRONELS, MURIEL | | NAME | | | | | | |
| STREET ADDRESS | 4661 SILVERFOX TERR | | STREET ADDRESS | - | | ಕಾರ್ಡ್ಫಿಫ್ನ್ ಎಂಬ್ಫ್ಫ್ಫ್ಫ್ | | | |
| CITY-ST-ZIP | INVERNESS FL | | CITY-ST-ZIP | | | | | | |
| TITLE NAME | CLOWARD, LEE | ル . L Delete PESIOENT | TITLE NAME | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 5189 ROBERT BLAKE | ESIDENT | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | INVERNESS FL 34452 | | CITY-ST-ZIP | | | | | | |
| TITLE | T | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | FORGIONE, JOY | | NAME | | | | | | |
| STREET ADDRESS | 6036 E. TREMONT ST | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | INVERNESS FL 34452 | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME | | | NAME | | | | _ ,- | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| 12. I hereby of indicated | pertify that the information supplied with on this report or supplemental report is | this filing does not qualify for the true and accurate and that my | ne exemption stated signature shall have | d in Section te the sam | n 119.07(3)(i), Flori e legal effect as if r | da Statutes. I further c nade under oath; that | ertify that the ir I am an officer | nformation 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: