FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719192 (7)

1. Corporation Name

HIGHLAND SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
327 SALLY LEE DRIVE ELLENTON FL 34222 US	327 SALLY LEE DR ELLENTON FL 34222 US

3. Date Incorporated or Qualified: 08/26/1970
3a. Date of Last Report: 03/02/1995

4. FEI Number: 65-0057872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 319 LINDEN DRIVE	26 319 LINDEN DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ELLENTON FL	28 ELLENTON FL
24 Zip 34222-2013 25 Country US	29 Zip 34222-2013 30 Country US

9. Name and Address of Current Registered Agent

MCCLARY, PATRICIA R.
327 SALLY LEE DR
ELLENTON,F L 34222

10. Name and Address of New Registered Agent

81 Name: FRANCISCO, CAROL A.
82 Street Address (P.O. Box Number is Not Acceptable): 319 LINDEN DRIVE
83
84 City: ELLENTON FL 85 Zip Code: 34222-2013

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Carol A Francisco, President — DATE: 1-21-96
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	☒ DELETE	11 TITLE: P	☐ Change ☒ Addition
NAME	BOWMAN, AL		12 NAME: FRANCISCO, CAROL A	
STREET ADDRESS	328 SHORE DR		13 STREET ADDRESS: 319 LINDEN DRIVE	
CITY-ST-ZIP	ELLENTON, FLORIDA 00000		14 CITY-ST-ZIP: ELLENTON, FL 34222-2013	
TITLE	VP	☒ DELETE	21 TITLE: V	☐ Change ☒ Addition
NAME	STAUB, BERNARD		22 NAME: FRANCISCO, JOAN V	
STREET ADDRESS	308 SALLY LEE DR.		23 STREET ADDRESS: 319 LINDEN DRIVE	
CITY-ST-ZIP	ELLENTON, FLORIDA 00000		24 CITY-ST-ZIP: ELLENTON, FL 34222-2013	
TITLE	ST	☒ DELETE	31 TITLE: S	☐ Change ☒ Addition
NAME	MCCLARY, PATRICIA		32 NAME: ROGERS, LYNNE	
STREET ADDRESS	327 SALLY LEE DR		33 STREET ADDRESS: 340 S. ORCHID DR	
CITY-ST-ZIP	ELLENTON, FLORIDA 00000		34 CITY-ST-ZIP: ELLENTON, FL 34222	
TITLE	D	☒ DELETE	41 TITLE: T	☐ Change ☒ Addition
NAME	MILLS, VIRGIL		42 NAME: LAYFIELD, VIRGINIA	
STREET ADDRESS	322 SALLY LEE DR		43 STREET ADDRESS: 323 LINDEN DRIVE	
CITY-ST-ZIP	ELLENTON, FLORIDA 00000		44 CITY-ST-ZIP: ELLENTON, FL 34222	
TITLE	D	☒ DELETE	51 TITLE: D	☐ Change ☒ Addition
NAME	FRANISCO, CAROL		52 NAME: GLASSMAN, PAUL	
STREET ADDRESS	319 LINDEN DRIVE		53 STREET ADDRESS: 319 LINDEN DRIVE	
CITY-ST-ZIP	ELLENTON FL		54 CITY-ST-ZIP: ELLENTON, FL 34222	
TITLE	D	☒ DELETE	61 TITLE: D	☐ Change ☒ Addition
NAME	TRASFERINI, SAM		62 NAME: TAYLOR, JOHN	
STREET ADDRESS	347 WILLOW LANE		63 STREET ADDRESS: 509 SALLY LEE DR	
CITY-ST-ZIP	ELLENTON FL		64 CITY-ST-ZIP: ELLENTON, FL 34222	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol A Francisco — 1-21-96 — (941) 723-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Continuation of #13

7.1 D
7.2 HAWKINS, JOE
7.3 366 SHORE DRIVE
7.4 ELLENTON, FL 34222

8.1 ~~D~~ D
8.2 LORRAINE, MICHAEL
8.3 352 HIGHLAND SHORES DR
8.4 ELLENTON, FL 34222

9.1 D
9.2 HERRON, BRIAN
9.3 358 N. ORCHID DR
9.4 ELLENTON, FL 34222