

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90033 047 \*\*\*\*61.25

DOCUMENT # 719192

1. Corporation Name

HIGHLAND SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business

319 LINDEN DRIVE  
ELLENTON FL 34222-2013  
US

Mailing Address

319 LINDEN DRIVE  
ELLENTON FL 34222-2013  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/26/1970

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

9. Name and Address of Current Registered Agent

FRANCISCO, CAROL A  
319 LINDEN DRIVE  
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME FRANCISCO, CAROL A  
STREET ADDRESS 319 LINDEN DRIVE  
CITY-ST-ZIP ELLENTON FL 34222-2013

TITLE ☐ DELETE

V  
NAME FRANCISCO, JOAN V  
STREET ADDRESS 319 LINDEN DRIVE  
CITY-ST-ZIP ELLENTON FL 34222-2013

TITLE ☐ DELETE

S  
NAME LESPERANCE, LOU  
STREET ADDRESS 312 LINDEN DR  
CITY-ST-ZIP ELLENTON FL

TITLE ☐ DELETE

T  
NAME LAYFIELD, VIRGINIA  
STREET ADDRESS 323 LINDEN DRIVE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ DELETE

D  
NAME COLLINS, JIM  
STREET ADDRESS 322 LINDEN DR  
CITY-ST-ZIP ELLENTON FL

TITLE ☐ DELETE

D  
NAME DENHOFF, BURT  
STREET ADDRESS 352 N ORCHID  
CITY-ST-ZIP ELLENTON FL 34222

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ELLENTON FL 34222

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

ELLENTON FL 34222

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Chloe Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

(941) 723-6222

Daytime Phone #

0066753

CR2E037- (11/98)