

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719192

1. Entity Name

HIGHLAND SHORES CIVIC ASSOCIATION, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90016 010 ****61.25

Principal Place of Business

Mailing Address

342 SHORE DRIVE 336 SHORE DR
ELLENTON FL 34222 ELLENTON FL
US 34222

342 SHORE DRIVE 336 SHORE DR
ELLENTON FL 34222 ELLENTON FL
US 34222

2. Principal Place of Business

3. Mailing Address

336 SHORE DR.

336 SHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLENTON FL

City & State

ELLENTON FL

4. FEI Number

65-0057872

Applied For

Not Applicable

Zip

34222

Country

MAAYEE

Zip

34222

Country

MAAYEE

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

SCHUM, CARLA
342 SHORE DRIVE
ELLENTON FL 34222

Name ANDROMIDAS, LOUIS

Street Address (P.O. Box Number is Not Acceptable)
336 SHORE DR.

City ELLENTON

FL

Zip Code 34222

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.

SIGNATURE

LOUIS ANDROMIDAS

[Signature]

2/22/02

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME SCHUM, CARLA
STREET ADDRESS 342 SHORE DRIVE
CITY-ST-ZIP ELLENTON FL 34222 ☐ Delete

TITLE P
NAME ANDROMIDAS, LOUIS
STREET ADDRESS 336 SHORE DR.
CITY-ST-ZIP ELLENTON, FL 34222 ☒ Change ☐ Addition

TITLE V
NAME SANDY, WADE
STREET ADDRESS 338 SHORE DRIVE
CITY-ST-ZIP ELLENTON FL 34222 ☐ Delete

TITLE V
NAME GILL MILLER
STREET ADDRESS 326 SHORE DR
CITY-ST-ZIP ELLENTON, FL 34222 ☒ Change ☐ Addition

TITLE ST
NAME CHEETHAM, KATIE
STREET ADDRESS 341 SHORE DRIVE
CITY-ST-ZIP ELLENTON FL 34222 ☐ Delete

TITLE ST
NAME CHEETHAM, KATIE
STREET ADDRESS 341 SHORE DR.
CITY-ST-ZIP ELLENTON, FL 34222 ☐ Change ☐ Addition

TITLE T
NAME BIBBY, DIANA
STREET ADDRESS 309 LINDEN DRIVE
CITY-ST-ZIP ELLENTON FL 34222 ☐ Delete

TITLE R
NAME LOU LESPERANCE
STREET ADDRESS 310 LINDEN
CITY-ST-ZIP ELLENTON, FL 34222 ☒ Change ☐ Addition

TITLE D
NAME PUGH, DIANE
STREET ADDRESS 356 N ORCHID DRIVE
CITY-ST-ZIP ELLENTON FL 34222 ☐ Delete

TITLE R
NAME NANCY UNLAPUR
STREET ADDRESS 301 JALM LEE
CITY-ST-ZIP ELLENTON, FL 34222 ☒ 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 exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 941-729-3376

Date

Daytime Phone #

CR2E037 (9/01)