

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90025 002 ****61.25

DOCUMENT # 719192

1. Entity Name

HIGHLAND SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business

336 SHORE DRIVE
ELLENTON FL 34222
US

Mailing Address

358 N. ORCHID DRIVE
ELLENTON FL 34222
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0057872

Applied For

Not Applicable

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

ANDROMIDAS, LOUIS
336 SHORE DRIVE
ELLENTON FL 34222

Name

Jody A. Campbell

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

358 N. Orchid 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jody A. Campbell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-19-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	ANDROMIDAS, LOUIS	<input checked="" type="checkbox"/> Delete
NAME		336 SHORE DRIVE	
STREET ADDRESS		ELLENTON FL 34222	
CITY-ST-ZIP			
TITLE	V	MILLER, GILI	<input checked="" type="checkbox"/> Delete
NAME		326 SHORE DRIVE	
STREET ADDRESS		ELLENTON FL 34222	
CITY-ST-ZIP			
TITLE	ST	CHEETHAM, KATIE	<input checked="" type="checkbox"/> Delete
NAME		341 SHORE DRIVE	
STREET ADDRESS		ELLENTON FL 34222	
CITY-ST-ZIP			
TITLE	T	LESERANCE, LOU	<input checked="" type="checkbox"/> Delete
NAME		312 LINDEN	
STREET ADDRESS		ELLENTON FL 34222	
CITY-ST-ZIP			
TITLE	D	UNCAPHUR, NANCY	<input checked="" type="checkbox"/> Delete
NAME		321 SALLY LEE	
STREET ADDRESS		ELLENTON FL 34222	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	President	Larry Wade	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		338 Shore Dr.	
STREET ADDRESS		Ellenton FL	
CITY-ST-ZIP		34222	
TITLE	Vice President	Yanuyi Erbele	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		356 Highland Shore	
STREET ADDRESS		Ellenton FL	
CITY-ST-ZIP		34222	
TITLE	Treasurer	Jody Campbell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		358 N. Orchid Dr	
STREET ADDRESS		Ellenton FL	
CITY-ST-ZIP		34222	
TITLE	Secretary	Diane Pugh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		356 N. Orchid Dr.	
STREET ADDRESS		Ellenton FL	
CITY-ST-ZIP		34222	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

Jody A. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-19-04 7218871