2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# 719192

Entity Name: HIGHLAND SHORES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

332 SALLY LEE DRIVE
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

356 N. ORCHID DRIVE
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 65-0057872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PUGH, DIANE
356 N. ORCHID DR.
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEER, GEORGE A
Address: 332 SALLY LEE DRIVE
City-St-Zip: ELLENTON, FL 34222 US

Title: V ( ) Delete
Name: LIVINGSTON, SANDY
Address: 358 N ORCHID DRIVE
City-St-Zip: ELLENTON, FL 34222

Title: T ( ) Delete
Name: STEER, SUSAN
Address: 332 SALLY LEE DRIVE
City-St-Zip: ELLENTON, FL 34222 US

Title: S ( ) Delete
Name: PUGH, DIANE
Address: 356 N. ORCHID DR.
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN STEER TREA 05/01/2009
Electronic Signature of Signing Officer or Director — Date