2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91438 023 ****61.25

DOCUMENT # 719192

1. Entity Name
HIGHLAND SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
336 SHORE DRIVE ELLENTON, FL 34222 US	336 SHORE DRIVE ELLENTON, FL 34222 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
359 SHORE DR.	358 N. Orchid Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELLENTON FL	City & State: Ellenton FL 34222
Zip: 34222 Country: USA	Zip: Country: USA

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: TERESA HARTFORD St (P.O. Box is Not Acceptable): 359 SHORE DR City: ELLENTON, FL 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 the obligations of registered agent.

SIGNATURE: TERESA HARTFORD Teresa Hartford 7 APRIL 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) 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: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDROMIDAS, LOUIS 336 SHORE DRIVE ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TERESA HARTFORD 359 SHORE DR ELLENTON, FL 34222	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, GILI 326 SHORE DRIVE ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARBARA CARLTON 356 WILLOW LANE ELLENTON, FL 34222	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHEETHAM, KATIE 341 SHORE DRIVE ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DIANE PUGH 356 NORTH ORCHID DR. ELLENTON, FL 34222	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LESPERANCE, LOU 312 LINDEN ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JODY BOWES 358 NORTH ORCHID DR. ELLENTON, FL 34222	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNCAPHUR, NANCY 321 SALLY LEE ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E027 (10/02)

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: TERESA HARTFORD Teresa Hartford 7 APRIL 2003 941-729-4965
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #