

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719408 (7)**

1. Corporation Name

**SEMINOLE COUNTY CIVIC ASSOCIATION OF ROLLING HIL  
LS, INC.**



Principal Place of Business

Mailing Address

**1735 W. CARLTON ST  
LONGWOOD FL 32750**

**1735 W. CARLTON ST  
LONGWOOD FL 32750**

3. Date Incorporated or Qualified  
**09/28/1970**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0242620**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

24

Country

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RECICAR, THOMAS S.  
1735 W. CARLTON ST  
LONGWOOD FL 32750**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VD  
BLANCHARD, FRED**  
STREET ADDRESS **1870 BARTON**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **DTR  
WEAVER, FRANK**  
STREET ADDRESS **1664 JACKSON ST**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☒ DELETE

NAME **VD  
KERCHER, WILLIAM C**  
STREET ADDRESS **247 TIMBERLAND AVE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **DP  
RECICAR, THOMAS S**  
STREET ADDRESS **1735 W CARLTON ST**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **SD  
BRUGER, ED**  
STREET ADDRESS **1408 W MARVIN**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Thomas S. Recicar* **THOMAS S. RECICAR** 4/15/96 (407) 789-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date of Filing Phone #

CR2E037 (12/95)