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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 7

719408

(7)

## SEMINOLE COUNTY CIVIC ASSOCIATION OF ROLLING HILLS, INC.

## FILED Jan 24 1997 8:00am Secretary of State



Suite. Apt. #, etc    Suite. Apt. #, etc   Suite. A	AIAN ITAI
Section   Place of Business   2a. Mailing Address   4. FEI Number   59-0242620   April   Apr	
Suite. Apt. #, etc    Suite. Apt. #, etc   Suite. A	ort
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Cartificate of Status Desired   \$8.75 A Fee Ret City & State   City & State   City & State   See Ret City & See	ied For
City & State  Ci	Applicable
City & State    28	
Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to   Added to   Trust Fund Contribution   Added to   Added to   Trust Fund Contribution   Added to   Added to   This corporation has liability for intangible tax under s. Florida Statutes   Yes   No   No   No   No   No   No   No   N	av Ba
25   29   30   Florida Statutes   Yes   Name   Na	
9. Name and Address of Current Registered Agent  RECICAR, THOMAS S. 1735 W. CARLTON ST LONGWOOD FL 32750  82 Street Address (P.O. Box Number is Not Acceptable)  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 list 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 a agent, Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or prend having of registered agent and the if applicable (NOTE Registered Agent squares required when remaining)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEL  VD D DELETE  1.1 TITLE  VD D DELETE  1.2 NAME  SIRRET ADDRESS  CITY-ST-2/P  LONGWOOD FL  1.4 CITY-ST-2/P  LONGWOOD FL  1.4 CITY-ST-2/P  INTEL  DP DELETE  3.1 TITLE  VEAVER, FRANK  2.2 NAME  WEAVER, FRANK  2.2 NAME  WEAVER, FRANK  2.2 NAME  WEAVER, FRANK  2.3 SIRRET ADDRESS  CITY-ST-2/P  LONGWOOD FL  3.4 CITY-ST-2/P  INTEL  DP DELETE  3.1 TITLE  DP Change  C	99.032,
RECICAR, THOMAS S. 1735 W. CARLTON ST LONGWOOD FL 32750  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 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 a agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, upad or printed name of required agent and tife if applicable (NOTE Registered Agent Righture required when reinstating)  DATE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEL  NAME  BLANCHARD, FRED  12. NAME  SIREET ADDRESS  1735 BATTON  LONGWOOD FL  14. CITY-ST-2P  LONGWOOD FL  14. CITY-ST-2P  LONGWOOD FL  14. CITY-ST-2P  LONGWOOD FL  1711 E  DP  DP  DP  DELETE  31. TITLE  Change  Change  CHY-ST-2P  LONGWOOD FL  32. SIREET ADDRESS  SIREET ADDRESS  1735 W CARLTON ST  23. SIREET ADDRESS  CITY-ST-2P  LONGWOOD FL  34. CITY-ST-2P  LONGWOOD FL  35. SIREET ADDRESS  CITY-ST-2P  LONGWOOD FL  36. Change  CHY-ST-2P  CONGWOOD FL  34. CITY-ST-2P  CONGWOOD FL  35. SIREET ADDRESS  1735 W CARLTON ST  27. CARLTON ST  28. ADDITIONS/CHANGES (CARLTON ST)  29. ADDITIO	
RECICAR, THOMAS S. 1735 W. CARLTON ST LONGWOOD FL 32750  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip C  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 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 ragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and life if applicable (NOTE Registered Agent lignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  VD  SIREET ADDRESS  1870 BARTON  1.01Y-ST-ZIP  NAME  BLANCHARD, FRED  1870 BARTON  1.01Y-ST-ZIP  NAME  WEAVER, FRANK  22 NAME  SIREET ADDRESS  167Y-ST-ZIP  LONGWOOD FL  DELETE  2.1 TITLE  1.2 TITLE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  Change  Ch	
17. 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 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 ragent, tam familiar with, and accept the obligations of, Section 617.0509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as ragent. I am familiar with, and accept the obligations of, Section 617.0509, Florida Statutes.  SIGNATURE  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  INTEE NAME  BLANCHARD, FRED  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. TITLE  Change  INTEE  DIR  SIREET ADDRESS  INTEET ADDRESS  INTEET ADDRESS  SIREET ADDRESS	
LONGWOOD FL 32750  88 City  FL 85 Zip C  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 list 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 a agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable.  OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Title  VD DELETE  11. Title  BLANCHARD, FRED  12. NAME  SIRRET ADDRESS  CITY-ST-ZIP  DELETE  13. STREET ADDRESS  CITY-ST-ZIP  DELETE  14. Change  WEAVER, FRANK  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  DTR  WEAVER, FRANK  12. Title  Change  Change  MAME  MEAVER, FRANK  1664 JACKSON ST  10. Change  DELETE  11. Title  DP  DELETE  11. Title  DR. Change  Change  Change  Change  MAME  SIRRET ADDRESS  CITY-ST-ZIP  DREST ADDRESS  CITY-ST-ZIP  Change  AMME  SIRRET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change  Change  Change  Change  MAME  SIRRET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Change  Change  MAME  BRUGER, ED  14.0 MWARNIN  4.3 STREET ADDRESS  STREET A	
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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 a 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.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  VD  NAME  BLANCHARD, FRED  12 NAME  SIRRET ADDRESS  CITY-S1-2IP  LONGWOOD FL  1.4 OTY-S1-2IP  ITILE  DP  DELETE  1.1 TITLE  DRAME  1.2 NAME  1.4 OTY-S1-2IP  LONGWOOD FL  1.4 OTY-S1-2IP  LONGWOOD FL  1.4 OTY-S1-2IP  LONGWOOD FL  1.5 TITLE  DP  DELETE  3.1 TITLE  Change  Change  Change  Change  Change  AMME  RECICAR, THOMAS S  STREET ADDRESS  1735 W CARLTON ST  3.3 STREET ADDRESS  CITY-S1-2IP  LONGWOOD FL  3.4 CITY-S1-2IP  TITLE  SD  DELETE  4.1 TITLE  Change  Change  Change  AMME  BRUGER, ED  4.2 NAME  STREET ADDRESS  1408 W MARVIN  4.3 STREET ADDRESS  1408 W MARVIN	ue
SIGNATURE Signature, typed or printed name of registered agent and tifle if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  VD DELETE  1.1 TITLE  BLANCHARD, FRED  12. NAME  SIRRET ADDRESS  1870 BARTON  1.3 STREET ADDRESS  CITY-ST-2IP  LONGWOOD FL  DELETE  2.1 TITLE  DTR  DELETE  2.1 TITLE  Change  WEAVER, FRANK  2.2 NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DP  DELETE  3.1 TITLE  Change  Change  Change  CHANGE  CITY-ST-2IP  CHANGE  STREET ADDRESS  CITY-ST-2IP  LONGWOOD FL  3.2 NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DP  DELETE  3.1 TITLE  Change  STREET ADDRESS  CITY-ST-2IP  LONGWOOD FL  3.3 STREET ADDRESS  CITY-ST-2IP  LONGWOOD FL  3.4 CITY-ST-2IP  LONGWOOD FL  3.4 CITY-ST-2IP  LONGWOOD FL  3.5 STREET ADDRESS  CITY-ST-2IP  LONGWOOD FL  3.4 CITY-ST-2IP  LONGWOOD FL  4.2 NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  LONGWOOD FL  3.4 CITY-ST-2IP  LONGWOOD FL  4.2 NAME  STREET ADDRESS  LONGWOOD FL  4.2 NAME  4.3 STREET ADDRESS  STRE	egistered gistered
12. OFFICERS AND DIRECTORS  TITLE VD DELETE 1.1 TITLE	
TITLE	IN 12
NAME	Addition
STREET ADDRESS	Podition
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DTR	
NAME         WEAVER, FRANK         22 NAME           STREET ADDRESS         1664 JACKSON ST         2.3 STREET ADDRESS           CITY-ST-ZIP         LONGWOOD FL         2.4 CITY-ST-ZIP           TITLE         DP         DELETE         3.1 TITLE         Change           NAME         RECICAR, THOMAS S         3.2 NAME         3.2 NAME           STREET ADDRESS         1735 W CARLTON ST         3.3 STREET ADDRESS           CITY-ST-ZIP         LONGWOOD FL         3.4 CITY-ST-ZIP           TITLE         SD         DELETE         4.1 TITLE         Change           NAME         BRUGER, ED         4.2 NAME         4.2 NAME           STREET ADDRESS         1408 W MARVIN         4.3 STREET ADDRESS	Addition
STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE DP DELETE 3.1 TITLE NAME RECICAR, THOMAS S 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 3.4 CITY-ST-ZIP TITLE SD DELETE 4.1 TITLE NAME BRUGER, ED 14.0 NAME STREET ADDRESS 14.0 NAME STREET ADDRESS 14.0 NAME STREET ADDRESS 14.0 NAME STREET ADDRESS 14.0 NAME 4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP         LONGWOOD FL         2.4 CITY-ST-ZIP           TITLE         DP         DELETE         3.1 TITLE         Change           NAME         RECICAR, THOMAS S         3.2 NAME         3.3 STREET ADDRESS         CITY-ST-ZIP         LONGWOOD FL         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         CITY-ST-ZIP         Change	
TITLE	
NAME         RECICAR, THOMAS S         3.2 NAME           STREET ADDRESS         1735 W CARLTON ST         3.3 STREET ADDRESS           City-St-ZiP         LONGWOOD FL         3.4 CITy-St-ZiP           TITLE         SD         DELETE         4.1 TITLE           NAME         BRUGER, ED         4.2 NAME           STREET ADDRESS         1408 W MARVIN         4.3 STREET ADDRESS	Addition
STREET ADDRESS	
City-st-zip         LONGWOOD FL         3.4 city-st-zip           Title         SD         DELETE         4.1 title         Change           NAME         BRUGER, ED         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS	
TITLE         SD         DELETE         4.1 TITLE         Change           NAME         BRUGER, ED         4.2 NAME           STREET ADDRESS         1408 W MARVIN         4.3 STREET ADDRESS	
NAME BRUGER, ED 4.2 NAME STREET ADDRESS 1408 W MARVIN 4.3 STREET ADDRESS	Addition
STREET ADDRESS 1408 W MARVIN 4.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Change	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
City-St-ZIP 6.4 City-St-ZIP	

14. I do 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 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 change. For on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/97 (401) 78% 0250 Dayline Phone + 0014023