

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90413 004 ****61.25

DOCUMENT # 728365

1. Entity Name

GULF HIGHLANDS CIVIC ASSOCIATION, INC.



Principal Place of Business

**7831 GULF HIGHLANDS DRIVE
PORT RICHEY FL 34668**

Mailing Address

**7831 GULF HIGHLANDS DRIVE
PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**RIZZO, ELEANOR
11539 MEREDITH LANE
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE: VP
NAME: OLENIL, LOIS
STREET ADDRESS: 11618 ALPINE PARKWAY
CITY-ST-ZIP: PORT RICHEY FL 34668 ☒ Delete

TITLE: 2VP
NAME: DRURY, SKIP
STREET ADDRESS: 11733 NEWELL D
CITY-ST-ZIP: PORT RICHEY FL 34668 ☐ Delete

TITLE: SD
NAME: WILKINS, JUDITH
STREET ADDRESS: 7207 ASHWOOD DR
CITY-ST-ZIP: PORT RICHEY FL 34668 ☐ Delete

TITLE: MEAD, BARBARA
NAME: 7634 TOPAY LN
STREET ADDRESS: PORT RICHEY FL 34668 ☐ Delete

TITLE: BOYD, JAMES
NAME: 7719 SALT LN
STREET ADDRESS: PORT RICHEY FL 34668 ☐ Delete

TITLE: VICICH, JERRY
NAME: 7107 ASHWOOD
STREET ADDRESS: PORT RICHEY FL 34668 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VP
NAME: HARRY CONLEY
STREET ADDRESS: 7735 GASTON DR
CITY-ST-ZIP: PORT RICHEY FL 34668 ☐ Change ☒ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Mead 3/30/04 727 869 1490
Date Daytime Phone #

94044898



MOORE CR2E037 (11/03)

4. FEI Number

59-1830092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required