

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90310 027 ****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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1830092

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

FRANCO, CANDACE
7900 BELL DR.
PORT RICHEY FL 34668

ELEANOR RIZZO
11539 MEREDITH LN
PORT RICHEY FL 34668

Name ELEANOR RIZZO
Street Address (P.O. Box Number is Not Acceptable)
11539 MEREDITH LN

City PORT RICHEY FL FL Zip Code 34668

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

Eleanor Rizzo

ELEANOR RIZZO

4/19/06

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 VP ☒ Delete
NAME OLENIK, LOIS
STREET ADDRESS 11618 ALPINE PKWY
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VP ☒ Change ☐ Addition
NAME VICICH JERRY
STREET ADDRESS 7107 ASHWOOD
CITY-ST-ZIP PORT RICHEY FL 34668

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

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

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

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

TITLE T ☐ Delete
NAME MEAD, BARBARA
STREET ADDRESS 7634 TOPAY LN
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete
NAME BOYD, JAMES
STREET ADDRESS 7719 SALT LN
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☒ Delete
NAME VICICH, JERRY
STREET ADDRESS 7107 ASHWOOD
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ Change ☐ Addition
NAME DOROTHY MABEE
STREET ADDRESS 11524 ZIMMERMAN RD
CITY-ST-ZIP PORT RICHEY FL 34668

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Barbara Mead

BARBARA MEAD

3-06

TREASURER 7278691490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #