

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90235 016 \*\*\*\*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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIZZO, ELEANOR  
11539 MEREDITH LANE  
PORT RICHEY FL 34668

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

*Eleanor Rizzo*

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

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

*4/3/07*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	VICICH, JERRY	
STREET ADDRESS	7107 ASH WOOD	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	DRURY, SKIP	
STREET ADDRESS	11733 NEWELL D	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILKINS, JUDITH	
STREET ADDRESS	7207 ASHWOOD DR	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEAD, BARBARA	
STREET ADDRESS	7634 TOPAY LN	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, JAMES	
STREET ADDRESS	7719 SALT LN	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	MABEE, DOROTHY	
STREET ADDRESS	11524 ZIMMERMAN RD	
CITY-STATE-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY CAFFEY	
STREET ADDRESS	7720 GASTON	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY CONLEY	
STREET ADDRESS	7735 GASTON	
CITY-STATE-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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/07*

DATE

*727 869 1490*

Daytime Phone #