

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 001 ****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

2nd MOORE

CR2E037 (4/08)

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

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 reinstating)

DATE

8-8-08

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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 VICICH, JERRY ☐ Delete
STREET ADDRESS 7107 ASH WOOD
CITY-ST-ZIP PORT RICHEY FL 34668

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

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

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

TITLE D
NAME CAFFREY, MARY ☒ Delete
STREET ADDRESS 7720 GASTON
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D
NAME MABEE, DOROTHY ☐ Delete
STREET ADDRESS 11524 ZIMMERMAN RD
CITY-ST-ZIP PORT RICHEY FL 34668

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

STAN DOROTHY
7709 GASTON
PORT RICHEY FL 34668

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

8-4-08

868 1490