

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90347 012 \*\*\*\*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

4. FEI Number **59-1830092**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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)

**4/9/03**

DATE

**FILE NOW: FEE IS \$61.25**

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	<input checked="" type="checkbox"/> Delete
NAME	HARRY, CONLEY	
STREET ADDRESS	7735 GASTON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	DRURY, SKIP	
STREET ADDRESS	11733 NEWELL D	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, JUDITH	
STREET ADDRESS	7207 ASHWOOD DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEAD, BARBARA	
STREET ADDRESS	7634 TOPAY LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, JAMES	
STREET ADDRESS	7719 SALT LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICICH, JERRY	
STREET ADDRESS	7107 ASHWOOD	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS OKENIK	
STREET ADDRESS	11618 ALPINE PARKWAY	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eleanor Rizzo* **4/9/03** **722-869-1490**

CR2E037 (10/02)