FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -6 AM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742697** **(6)**

1. Corporation Name
HILLANDALE-GLENGARY CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6333 LANGSTON AVE. NEW PORT RICHEY FL 34653-6023	6333 LANGSTON AVE. NEW PORT RICHEY FL 34653-6023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1978
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1943182 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LA'COTTE, RUTH P.
6417 BANDURA AVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

31 Name: **Alberta Mansfield**
32 Street Address (P.O. Box Number is Not Acceptable): **6345 Tralee Ave.**
33
34 City: **New Port Richey** **FL** 35 Zip Code: **34653**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alberta Mansfield — **Alberta Mansfield**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	STEPHEN, ROCK	1.2 NAME		
STREET ADDRESS	6417 LIMERICK AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SULLIVAN, DANIEL	2.2 NAME	HERBERT HOY	
STREET ADDRESS	6331 BONAIRE AVE	2.3 STREET ADDRESS	6405 LANGSTON AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MANSFIELD, ALBERTA	3.2 NAME	Evelyn Ruocchio	
STREET ADDRESS	6345 TRALEE AVE.	3.3 STREET ADDRESS	6246 Baldwyn Ave.	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	LACOTTE, RUTH P	4.2 NAME	Alberta Mansfield	
STREET ADDRESS	6417 BANDURA AVE	4.3 STREET ADDRESS	6345 Tralee Ave.	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alberta Mansfield — **Alberta Mansfield** — **813-842-1485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0297448