

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742697 (6)

1. Corporation Name

HILLDALE-GLENGARY CIVIC ASSOCIATION, INC.

Principal Place of Business

6333 LANGSTON AVE.  
NEW PORT RICHEY FL 34653-8023

Mailing Address

6333 LANGSTON AVE.  
NEW PORT RICHEY FL 34653-10143. Date Incorporated or Qualified  
05/04/19783a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City &amp; State

28

Zip

Country

29

30

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANSFIELD, ALBERTA  
6345 TRALEE AVE  
NEW PORT RICHEY FL 34653

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

STEPHEN, ROCK

6417 LIMERICK AVE

NEW PORT RICHEY FL 34653

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

HOY, HERBERT

6405 LANGSTON AVE

NEW PORT RICHEY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

RUOCCHIO, EVELYN

6246 BALDWIN AVE

NEW PORT RICHEY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

MANSFIELD, ALBERTA

6345 TRALEE AVE

NEW PORT RICHEY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD

NO CHANGE

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VD

RUOCCHIO, EVELYN

6246 BALDWIN AVE

NEW PORT RICHEY FL

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD

HOY, HAZEL

6405 LANGSTON AVE

NEW PORT RICHEY FL

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TD

NO CHANGE

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068012

CR2E037 (9/96)