FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF CORPORATION			Morthai of State	n	Feb 04 1998 8:00am Secretary of State	
DOCU 1. Corporation	MENT # 74269	97 (6)				
HILLA	NDALE-GLENGARY CIVIC	ASSOCIATION, INC.				
Principal Plac	ce of Business	Mailing Address				
3 ,						
6333 LANGSTON AVE. 6333 LANGSTON AVE. NEW PORT RICHEY FL 34653-8023 NEW PORT RICHEY FL 3465			53-8023		3. Date Incorporated or Qualified	
					05/04/1978 4. FEI Number Applied For	_
***					59-1943182 Not Applicable	le
2. Principal f	Place of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Required	_
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	· · ·		6. Election Campaign Financing \$5.00 May Be	_
City & Sta	te	City & State			Trust Fund Contribution	_
23		28			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	_
24	25 9. Name and Address of Curre		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	_
MANSE	IELD, ALBERTA					
6345 TRALEE AVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
NEW PORT RICHEY FL 34653			83			_
			84	City	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508. Florida Statutes	the abov	e-named or	 _	
office or i	registered agent, or both, in the Statement from the children with and accept the children with and accept the children with and accept the children with a ch	a of Florida. Such change was au	thorized b	y the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	3
SIGNATURE	an rannor with and accept the conf	janoris of, Geodolf of 7,0000, Flori	ua statute	·3.		
	Signature, typed or printed name of registered ag			ent signature re	equired when reinstating) DATE	
TITLE	PD OFFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	_
NAME	STEPHEN, ROCK	in section .	1.2 NAME		Change I Addition	'
STREET ADDRESS	6417 LIMERICK AVE			T ADDRESS		i
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-			
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	1
NAME	RUOCCHIO, EVELYN		2.2 NAME	1		
STREET ADDRESS	6246 BALDWIN AVE NEW PORT RICHEY FL			T ADDRESS		
CITY - ST - ZIP	SD SD	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP	Change Addition	
NAME	HOY, HAZEL		3.2 NAME		The Annual The Meditor	' i
STREET ADDRESS	6405 LANGSTON AVE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. ÇITY-	ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	٦
NAME	MANSFIELD, ALBERTA		4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP	6345 Tralee ave New Port Richey Fl		4.3 STREET			
TITLE	THEFT I WITH HILVERGE) L	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	Н
NAME			5.2 NAME		Angular Control of Con	-
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		╛
TITLE		☐ DELETE	6.1 TITLE		Change Addition	1
NAME STREET ADDRESS			6.2 NAME	4000000		-
STREET ADDRESS			6.3 STREET	ADURESS		- [

14. I hereby certify that the information supplied with this filling 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 cath; 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 chapter 6, or on an attachment with an address.

SIGNATURE

813-845-30.79

SIGNATURE:

813-845-3079

FILED