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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742697

1. Corporation Name

HILLANDALE-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 34653-8023



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/04/1978

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

9. Name and Address of Current Registered Agent

MANSFIELD, ALBERTA
6345 TRALEE AVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name **Noon, Mary Ann**
82 Street Address (P.O. Box Number Not Acceptable)
6339 TRALEE AVE
83
84 City **New Port Richey** FL 85 Zip Code **34653**

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 *Mary Ann Noon, Treasurer*
Signature, typed or printed name of registered agent and title if applicable.

MARY ANN NOON
(NOTE: Registered Agent signature required when reinstating)

01/07/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STEPHEN, ROCK**
STREET ADDRESS **6417 LIMERICK AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VD** ☐ DELETE
NAME **RUOCCHIO, EVELYN**
STREET ADDRESS **6246 BALDWIN AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ DELETE
NAME **HOY, HAZEL**
STREET ADDRESS **6405 LANGSTON AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☒ DELETE
NAME **MANSFIELD, ALBERTA**
STREET ADDRESS **6345 TRALEE AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **~~ROCK, STEPHEN~~**
2.3 STREET ADDRESS **6339** **NO CHANGE**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **NOON, MARY A.**
4.3 STREET ADDRESS **6339 TRALEE AVE**
4.4 CITY-ST-ZIP **New Port Richey, FL 34653**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE: *Stephen Rock* **STEPHEN - ROCK** 1/7/99 727-845-3079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)