

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 004 \*\*\*\*61.25

**DOCUMENT # 763201**

1. Entity Name

**HOMOSASSA SPRINGS GARDENS HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

8320 W. EARL LOOP  
HOMOSASSA SPRINGS FL 34447  
US

Mailing Address

8320 W. EARL LOOP  
HOMOSASSA SPRINGS FL 34447  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2398336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGBEA, JOAN  
8396 W EARL LOOP  
HOMOSASSA FL 34446**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE PD ☐ Delete  
NAME HIGBEA, JOAN  
STREET ADDRESS 8396 W EARL LOOP  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE S ☐ Delete  
NAME WHEELER, MARY  
STREET ADDRESS 8420 W EARL LOOP  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE DVP ☒ Delete  
NAME AVERETT, GEORGE MR  
STREET ADDRESS 8422 W EARL LOOP  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE DT ☐ Delete  
NAME MINEAU, HELEN  
STREET ADDRESS PO BOX 743  
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

TITLE D ☒ Delete  
NAME GIUSTIZIA, ROBERT  
STREET ADDRESS 57 CYPRESS BLVD  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Joan Higbea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

Date

628-0757

Daytime Phone #