

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763808

(3)

1. Corporation Name

THE HIGHLANDS CIVIC ASSOCIATION, INC.



Principal Place of Business

**17814 MERIDIAN BLVD.
HUDSON FL 34667**

Mailing Address

**P.O. BOX 123
ARIKEKA FL 34679
US**

3. Date Incorporated or Qualified
06/18/1982

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3024679

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**

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DARRELL, BILL
18117 BRANCH ROAD
HUDSON FL 34667**

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

Darrell, Bill President

11 March, 1996

(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	PO	<input type="checkbox"/> DELETE
NAME	DARRELL, BILL	
STREET ADDRESS	18117 BRANCH RD.	
CITY - ST - ZIP	HUDSON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, DOLORES	
STREET ADDRESS	18421 THOMAS BLVD.	
CITY - ST - ZIP	HUDSON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDSBORO, DONNA	
STREET ADDRESS	17903 MERIDIAN BLVD.	
CITY - ST - ZIP	HUDSON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURPHY, GEORGE	
STREET ADDRESS	18421 THOMAS BLVD.	
CITY - ST - ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(d), 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 change or on an attachment with an address.

SIGNATURE:

Darrell, Bill President

11 March, 1996 (713) 868-2449

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)