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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
ARIPEKA FL 34679-0123
US

CORRECT
SPELLING:
(ARIPEKA)



3. Date Incorporated or Qualified
06/18/1982

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 123
ARIPEKA, FL 34679-0123

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

30

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

9. Name and Address of Current Registered Agent

DARRELL, BILL
18117 BRANCH ROAD
HUDSON FL 34667

10. Name and Address of New Registered Agent

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 PD
NAME DARRELL, BILL
STREET ADDRESS 18117 BRANCH RD.
CITY-ST-ZIP HUDSON FL ☒ DELETE

TITLE SD
NAME MURPHY, DOLORES
STREET ADDRESS 18421 THOMAS BLVD.
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE TD
NAME GOLDSBORO, DONNA
STREET ADDRESS 17903 MERIDIAN BLVD.
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE VD
NAME MURPHY, GEORGE
STREET ADDRESS 18421 THOMAS BLVD.
CITY-ST-ZIP HUDSON FL ☒ DELETE

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 PD
1.2 NAME CONGO, DEBORAH
1.3 STREET ADDRESS 17322 MERIDIAN BLVD.
1.4 CITY-ST-ZIP HUDSON, FL. 34667 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE VD
4.2 NAME MELTON, MARGARET
4.3 STREET ADDRESS 17904 MERIDIAN BLVD.
4.4 CITY-ST-ZIP HUDSON, FL. 34667 ☒ 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: Donna Goldsboro, Treasurer/Secretary

CR2E037 (9/96)