

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 763808

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/18/1982

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3024679

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME CONGO, DEBORAH
STREET ADDRESS 17322 MERIDIAN BLVD
CITY-ST-ZIP HUDSON FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS DARRELL, BILL
1.4 CITY-ST-ZIP 18117 BRANCH RD.
HUDSON, FL 34667

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

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

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

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

TITLE VD ☒ DELETE
NAME MELTON, MARGARET
STREET ADDRESS 17904 MERIDIAN BLVD
CITY-ST-ZIP HUDSON FL

4.1 TITLE YD ☒ Change ☐ Addition
4.2 NAME KATHY HASSAN, KATHY
4.3 STREET ADDRESS 18312 THOMAS BLVD.
4.4 CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: DONNA GOLDSBORO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1999 (727) 862-4523
Date Daytime Phone #

0071926

CR2E037 (11/98)