

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763808

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** THE HIGHLANDS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

17814 MERIDIAN BLVD.  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 123  
ARIPEKA, FL 346790123 US

**New Mailing Address:**

**FEI Number:** 59-3024679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSBRON, ROSCOE  
10733 FILLY LANE  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LAW, FRED  
Address: 10532 BECOMANS  
City-St-Zip: HUDSON, FL 34667

Title: SD ( ) Delete  
Name: HONEYCUT, JEAN  
Address: 17835 FANCY LANE  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: SCHNEIDER, CINDY  
Address: 17037 MERIDIAN BLVD  
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete  
Name: MESSINA, SALVATORE  
Address: 17735 THOMAS BLVD  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DAVIS, LAMONT P  
Address: 17905 WENDY SUE AVE  
City-St-Zip: HUDSON, FL 34667

Title: V. P (X) Change ( ) Addition  
Name: OSBRON, ROSCOE  
Address: 10733 FILLY LANE  
City-St-Zip: HUDSON, FL 34667

Title: TRE (X) Change ( ) Addition  
Name: SCOTT, LYNN  
Address: 17530 WENDY SUE AVE  
City-St-Zip: HUDSON, FL 34667

Title: SEC (X) Change ( ) Addition  
Name: EGG, KRISTY  
Address: 17821 FANCY LANE  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN SCOTT

TRES

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date