2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2005
Secretary of State

DOCUMENT# 763808

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 TREA 06/19/2005

Electronic Signature of Signing Officer or Director — Date