

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770900 (9)

1. Corporation Name  
 CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME SUBD MISION, INCORPORATED



Principal Place of Business: P.O. BOX 772, SUMMERFIELD FL 32691  
 Mailing Address: P.O. BOX 772, SUMMERFIELD FL 32691

3. Date Incorporated or Qualified: 10/25/1983  
 3a. Date of Last Report: 07/10/1995

2. Principal Place of Business: 21 139-55 SE 139<sup>TH</sup> COURT, 22 Suite, Apt. #, etc.  
 2a. Mailing Address: 26 P.O. BOX 772, 27 Suite, Apt. #, etc.

4. FEI Number: 58-2830649  
 Applied For: Not Applicable

23 SUMMERFIELD FL, 28 SUMMERFIELD FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

24 34491, 25 MARION, 29 34492, 30 MARION

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: HOUSTON, LARRY D., 11203 SE 53RD CT., BELLEVIEW FL 32620

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	DOOLEY, JOHN P.	
STREET ADDRESS	6645 SE 139TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	MASCARO, ALBERT J.	
STREET ADDRESS	6630 SE 139 STR.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	MASCARO, JOSEPHINE	
STREET ADDRESS	6680 SE 139TH LANE	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BULLIS, RICHARD A.		
1.3 STREET ADDRESS	6590 SE 139 <sup>TH</sup> ST.		
1.4 CITY-ST-ZIP	SUMMERFIELD FL. 34491		
2.1 TITLE	VP/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DOOLEY, ANGELINA A.		
2.3 STREET ADDRESS	6645 SE 139 <sup>TH</sup> ST.		
2.4 CITY-ST-ZIP	SUMMERFIELD FL. 34491		
3.1 TITLE	T/O	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BULLIS, PAULINE J.		
3.3 STREET ADDRESS	6590 SE 139 <sup>TH</sup> ST.		
3.4 CITY-ST-ZIP	SUMMERFIELD FL. 34491		
4.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MASCARO, JOSEPHINE		
4.3 STREET ADDRESS	6680 SE 139 <sup>TH</sup> LANE		
4.4 CITY-ST-ZIP	SUMMERFIELD FL. 34491		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(k), 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: *Richard A. Bullis* (typed) P/O JUN 11, 1996 352-245-4102  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)