


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
DIVISION OF CORPORATIONS

DOCUMENT # **770900** (9)
1. Corporation Name
**CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME SUBD
VISION, INCORPORATED**



Principal Place of Business Mailing Address
**13955 SE 139TH COURT
SUMMERFIELD FL 34491
US** **P.O. BOX 772
SUMMERFIELD FL 34492
US**

3. Date Incorporated or Qualified
10/25/1983

4. FEI Number **58-2830649** Applied For Non-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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**HOUSTON, LARRY D.
11203 SE 53RD CT.
BELLEVUE FL 32620**

Pattillo, McKeever & Bice, P.A.
2100 SE 17th St.,
Suite 300
Ocala, FL 34471

10. Name and Address of New Registered Agent

81 Name **Pattillo, McKeever & Bice, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
2100 SE 17 St - Suite 300

83 **Ocala, FL 34471**

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 *Barbara Kouris* *Treas* DATE **3-10-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BULLIS, RICHARD A	
STREET ADDRESS	6590 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VDP	<input type="checkbox"/> DELETE
NAME	DOOLEY, ANGELINA A	
STREET ADDRESS	6645 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BULLIS, PAULINE D	
STREET ADDRESS	6590 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASCARO, JOSEPHINE	
STREET ADDRESS	6680 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Kouris
3.3 STREET ADDRESS	13945 SE 66 CT
3.4 CITY-ST-ZIP	Summerfield, FL 34491-2503
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Barbara Kouris* **QUINCE** DATE: **3-10-98** **9572459542**

CR2E037 (10/97)