

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90127 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770900**

1. Corporation Name  
**CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME SUBDIVISION, INCORPORATED**

Principal Place of Business 139-55 SE 139TH COURT SUMMERFIELD FL 34491 US	Mailing Address P.O. BOX 772 SUMMERFIELD FL 34492 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/25/1983	4. FEI Number 58-2830649 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATTILLO, MCKEEVER & BIC P 2100 SE 17TH ST STE 300 Ocala FL 34471				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLIS, RICHARD A		1.2 NAME		
STREET ADDRESS	6590 SE 139TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		1.4 CITY-ST-ZIP		
TITLE	VDP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOOLEY, ANGELINA A		2.2 NAME		
STREET ADDRESS	6645 SE 139TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOURIS, BARBARA		3.2 NAME	T PAULINE D. BULLIS	
STREET ADDRESS	18945 SE 86TH CT		3.3 STREET ADDRESS	6590 SE. 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL 34491		3.4 CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASCARD, JOSEPHINE		4.2 NAME		
STREET ADDRESS	6680 SE 139TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE RECORDED PD. 3/6/99 352-245-4102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)