

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N14816		
1. Entity Name HILLSBOROUGH HIGH SCHOOL ALUMNI ASSOCIATION, INC		

Principal Place of Business 12803 ED DENISON RD THONOTOSASSA FL 33952 US	Mailing Address 12803 ED DENISON RD THONOTOSASSA FL 33952 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2758906** ☐ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DENISON, JUDY
12803 ED DENISON ROAD
THONOTOSASSA FL 33952**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable To Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOPEZ, CHARLES 207 W. VIOLET STREET TAMPA FL 33603	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNOR, ART 4504 W ELM ST TAMPA FL 33614	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNOR, DIGNA 4554 W ELM ST TAMPA FL 33614	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSGROVE, TONYA 1928 REDBRIDGE DRIVE BRANDON FL 33510	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DENISON, JUDY 12803 ED DENISON RD THONOTOSASSA FL 33592	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, PEGGY 4414 ROCKCREST CIRCLE TAMPA FL 33624	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered