N96000005548

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 30, 1996

MR. MINOR
17913 SILVERTHORN CT.
SPRING HILL, FL 34610

SUBJECT: HIGHLANDS 10 CIVIC ASSOCIATION, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT corporation. Please be advised, we have corrected our records to reflect this corporation as a NONPROFIT corporation and assigned new document number N96000005548 with the original file date of October 26, 1992.

Any annual reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,
Sharon Tala
Document Specialist Supervisor
New Filings Section

Letter number: 096A00049988

SMITH & WILLIAMS

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

JEFFREY A. AMAN
JANA P. ANDREWS
DALE K. BONNER
MARGARET E. BOWLES
DAVID I. COOLEY
ROBERT L. HARDING
J. GREGORY HUMPHRIES*
JAMES A. MUENCH
BRIAN D. PUGH
NEAL A. SIVYER
[illegible] SMITH

OLD HYDE PARK
712 SOUTH OREGON AVENUE
TAMPA, FLORIDA 33606-2569

(813) 253-5400

FAX (813) 254-3459

ORLANDO OFFICE:

201 EAST PINE STREET
SUITE 701
ORLANDO, FLORIDA 32801
(407) 649-8151

TAMPA

N96000005548

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Incorporation of Highlands 10 Civic Association, Inc.

Dear Sir or Madam:

Please find enclosed the following documents with regard to the above corporation:

1. Two (2) originals of the Articles of Incorporation - one for filing with the State, and the other for certification and return to our law office;

2. An original and one copy of the Certificate Designating Registered Agent; and

3. Highlands 10 Civic Association's check made payable to the Secretary of State in the amount of $122.50 to cover the following costs:

a.	Filing Fee	$ 35.00
b.	Certified Copy	52.50
c.	Registered Agent Designation	35.00
	Total:	$122.50

Thank you for processing the above enclosures. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Donna Slavik
Assistant to Neal A. Sivyer

/ds
Enc.

10/29/92

Corrected filed as non profit on 10/30/92 ST

FILED
FEB 26 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

HIGHLANDS 10 CIVIC ASSOCIATION, INC.

A NOT-FOR-PROFIT CORPORATION

In compliance with the requirements of Chapter 617 of Florida Statutes, the undersigned, all of whom are residents of Florida and all of whom are of full age, have this day voluntarily associated themselves together for the purpose of forming a corporation not for profit and do hereby certify:

ARTICLE I

NAME

The name of the corporation shall be HIGHLANDS 10 CIVIC ASSOCIATION, INC. hereafter called the "Corporation."

ARTICLE III

PRINCIPAL OFFICE

The principal office of the Corporation shall be P.O. Box 11482, Spring Hill, Florida 34610. The Board of Directors may from time to time move the principal office to any other address.

ARTICLE III

DURATION

The Corporation shall commence business as soon as practicable after these Articles are filed in the office of the Secretary of State of the State of Florida, and shall have perpetual existence.

residual assets of the Corporation shall be distributed only for educational or charitable purposes to organizations which are exempt as organizations described in §501(c)(3) and §170(c)(2) of the Internal Revenue Code or corresponding sections of any prior or future law or to the Federal, State or Local Government for exclusive public purpose.

ARTICLE X

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of the Corporation is 712 S. Oregon Avenue, Tampa, Florida, and the name of the initial Registered Agent of the Corporation at that address is Neal A. Sivyer, Esquire.

ARTICLE XI

AMENDMENTS

Amendment of these Articles shall require a majority vote of the Board of Directors.

The Bylaws of the Corporation shall be made, altered, amended or repealed by a majority vote of the Board of Directors.

ARTICLE XII

POWERS

The Corporation shall have the powers and authority conferred upon it by law.

ARTICLE IV

PURPOSE

This Corporation does not contemplate pecuniary gain or profit to the members thereof, and the specific purpose for which it is formed is to educate the public concerning private property rights and participation in legislative and judicial processes to protect private property rights, provide charitable assistance to the community, and to organize community functions.

The corporation shall have and exercise any and all powers, rights and privileges which a corporation organized under Florida Statute, Chapter 617 may now or hereafter have or exercise.

All of the assets and earnings shall be used exclusively for the purposes hereinabove set out, including payment of expenses incidental thereto; and no part of the net earnings shall inure to the benefit of any individual.

ARTICLE V

QUALIFICATIONS OF MEMBERS

The qualifications of members and the manner of admission of members shall be as specified in the Bylaws of the Corporation.

ARTICLE VI

INCORPORATOR

The names and addresses of the Incorporators of the Corporation are Irwin Lieberman, 16316 Falkirk Lane, Spring Hill, Fl 34610 and Joan McCarthy, 18421 Monteverde Drive, Spring Hill, Fl 34610.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The affairs of this Corporation shall be managed by a Board of three (3) Directors, initially, who shall be members of the Corporation, provided that the Corporation shall always have at least three (3) directors. The names and addresses of the persons who are to act in the capacity of directors until the selection of their successors are:

NAME	ADDRESS
IRWIN LIEBERMAN	16316 Falkirk Lane Spring Hill, Fl 34610
JOAN McCARTHY	18421 Monteverde Drive Spring Hill, Fl 34610
EVELYN LEMOINE	16406 Eagle View Spring Hill, Fl 34610

At the first annual meeting the members shall elect a minimum three (3) directors for a term of two (2) years, and at each bi-annual meeting thereafter the members shall elect a minium of three (3) directors for a term of two (2) years.

ARTICLE VIII

CAPITAL STOCK

The Corporation shall have no capital stock and the private property of the incorporators and members shall not be liable for the debts of the Corporation.

ARTICLE IX

DISSOLUTION

The Corporation may be dissolved with the assent given in writing by not less than a majority of the Board of Directors. In the event of dissolution, all of the

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 21st day of October, 1992.

Signed, sealed and delivered in the presence of:

Irwin Lieberman

Joan McCarthy

STATE OF FLORIDA

COUNTY OF PASCO

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Irwin Lieberman and Joan McCarthy, known to me and known by me to be the person who executed the foregoing ARTICLES OF INCORPORATION of HIGHLANDS 10 CIVIC ASSOCIATION, INC. and they acknowledged before me that they executed those ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 21st day of October, 1992.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

Notary Public
State of Florida at Large
My Commission Expires
October 4, 1994

CERTIFICATE DESIGN TING REGISTERED AGENT

In pursuance of Chapter 48.091 and Chapter 607.325, Florida Statutes, the following is submitted in compliance with said Act:

That HIGHLANDS 10 CIVIC ASSOCIATION, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at P.O. Box 11482, Spring Hill, Fl 34610, State of Florida, has named Neal A. Sivyer, Esquire, located at 712 S. Oregon Avenue, City of Tampa, County of Hillsborough, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to the proper and complete performance of my duties, and I accept the duties and obligations of Chapter 607.325, Florida Statutes.

By: _____
Neal A. Sivyer, Esquire
REGISTERED AGENT

DATED: October 22, 1992

FILED
92 OCT 26 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Now. Filing Fee after May 1 is $225.00

APPROVED AND FILED

93 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # N96000015548

HIGHLANDS 10 CIVIC ASSOCIATION, INC.
PO BOX 11482
BROOKSVILLE FL 34610-0482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1992
3a. Date of Last Report:
4. FEI Number: 59-3147001

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
2a. Principal Place of Business

5. Certificate of Status Desired ☐
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIVYER NEAL A
712 S. OREGON AVENUE
TAMPA FL

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL | Zip Code: | Country:

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 and agree to comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES
1 TITLE / NAME / ADDRESS / CITY-ST-ZIP	D LIEBERMAN IRWIN 16316 FALKIRK LANE SPRING HILL FL	
2 TITLE / NAME / ADDRESS / CITY-ST-ZIP	D MCCARTHY JOAN 18421 MONTEVERDE DR. SPRING HILL FL	
3 TITLE / NAME / ADDRESS / CITY-ST-ZIP	D – ~~LEMONE EVELYN~~ ~~16406 EAGLE VIEW~~ ~~SPRING HILL FL~~	
4 TITLE / NAME / ADDRESS / CITY-ST-ZIP	Joyce A. Hemphill 1611 Delia ct Spring Hill, FL 34610 D	
5 TITLE / NAME / ADDRESS / CITY-ST-ZIP		
6 TITLE / NAME / ADDRESS / CITY-ST-ZIP		

14. I 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 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 607 or 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 Joyce A Hemphill DATE 4-28-93

Typed or Printed Name of Signing Officer or Director: Joyce A Hemphill | Title: Treas | Daytime Telephone Number: (813) 856-1414

NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 APR 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005548

1. Corporation Name
HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Mailing Address	Principal Place of Business
P.O. BOX 11488	P.O. BOX 11488
SPRING HILL FL 34610	SPRING HILL FL 34610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1992
3a. Date of Last Report: 05/01/1993

21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: 59-3147001 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $30.00

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $136.75 Supplemental Fee ☐

8. This corporation has lobbyist or principals (as under S. 11.045, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWYER NEAL A
712 S. OREGON AVENUE
TAMPA FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508 or 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 607.325 or 617.0503, Florida Statutes.

SIGNATURE Joyce A. Hemphill DATE 4-21-94
(Registered Agent Accepting Appointment) (Print Name of Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	D
12 NAME	LIEBERMAN IRWIN	12 NAME	CASON, JUDY
13 STREET ADDRESS	16316 EAGLEVIEW LANE	13 STREET ADDRESS	13410 MONTEVERDE DR.
14 CITY-ST-ZIP	SPRING HILL FL 34610	14 CITY-ST-ZIP	SPRING HILL, FL. 3460
21 TITLE	D	21 TITLE	
22 NAME	MCCARTHY JOAN	22 NAME	
23 STREET ADDRESS	18421 MONTEVERDE DR.	23 STREET ADDRESS	
24 CITY-ST-ZIP	SPRING HILL FL 34610	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	
32 NAME	HEMPHILL JOYCE A.	32 NAME	
33 STREET ADDRESS	16111 DELIA CT.	33 STREET ADDRESS	
34 CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: Joyce A. Hemphill 4-21-94 813-856-1464
(SIGNATURE AND TITLE OR PRINTED NAME OF FOREIGN OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005548

1. Corporation Name
HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 11462 SPRING HILL FL 34610	P.O. BOX 11462 SPRING HILL FL 34610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1992	3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3147001	Applied For / Not 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29
County: 25 / 30

9. Name and Address of Current Registered Agent

SAWYER, NEAL A
712 S. OREGON AVENUE
TAMPA FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, Typed or Printed name of registered agent, and the date of signature) (If other than registered agent, signature of an officer authorizing change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CASON, JUDY	12 NAME	
STREET ADDRESS	11710 MONTEVERDE DR	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, JOAN	22 NAME	
STREET ADDRESS	18421 MONTEVERDE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HEMPHILL, JOYCE A.	32 NAME	
STREET ADDRESS	16111 DELIA CT.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce A Hemphill Sec/Treas 5-10-95
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (Date)
Joyce A. Hemphill
Daytime Phone # 813-856-1464

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # N96000005548

1. Corporation Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 11482 SPRING HILL FL 34610	P.O. BOX 11482 SPRING HILL FL 34610

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 10/26/1992
3a. Date of Last Report: 05/16/1995
4. FEI Number: 59-3147001 ☐ Applied For ☐ Not 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIVYER, NEAL A
712 S. OREGON AVENUE
TAMPA FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new or previous name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASON, JUDY 18410 MONTEVERDE DR SPRING HILL FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, JOAN 18421 MONTEVERDE DR. SPRING HILL FL 34610	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMPHILL, JOYCE A. 16111 DELIA CT. SPRING HILL FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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: Joyce Hemphill — 8-1-96 — 813-869-0006
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0175519 FP

N96000005548

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: William J. Minor EIN or SS#: _____

Address: 17913 Silverthorn CT.

Spring Hill, FL 34610

Amount: $416.25 Date Paid _____

Reason for claim: Articles filed in error as profit, corrected records and issued N96000005548 - HIGHLANDS 10 CIVIC ASSOCIATION, INC. Request refund of overpayment. Sharon Tala/New Filings on annual reports

Certified true and correct this _____ *day of* _____, *19* ____.

Signature William J. Minor

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund $ 416.25

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 94252-004 *dated* 04/27/94
96742-020 05/16/95
97632-042 08/07/96

Name of Account 45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations (Agency)

(Authorized Signature and Title)

CR2E060(6/95)