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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005548 (0)

1. Corporation Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 11482  
SPRING HILL FL 34610

Mailing Address

P.O. BOX 11482  
SPRING HILL FL 34610-04823. Date Incorporated or Qualified  
10/26/19923a. Date of Last Report  
08/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

59-3147001

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIYER, NEAL A  
712 S. OREGON AVE.  
TAMPA FL

81 Name

RANDEE MACARIO

82 Street Address (P.O. Box Number is Not Acceptable)

18623 FIRETHORN

83

SPRING HILL, FL

84 City

FL

85 Zip Code

34610

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 X RANDEE MACARIO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacing)

1/31/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME CASON, JUDY  
STREET ADDRESS 18410 MONTEVERDE DR.  
CITY-ST-ZIP SPRING HILL FLTITLE D ☒ DELETE  
NAME MCCARTHY, JOAN  
STREET ADDRESS 18421 MONTEVERDE DR.  
CITY-ST-ZIP SPRING HILL FLTITLE D ☒ DELETE  
NAME HEMPHILL, JOYCE A  
STREET ADDRESS 18111 DELIA CT.  
CITY-ST-ZIP SPRING HILL FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE PRES.  
1.2 NAME RANDEE MACARIO  
1.3 STREET ADDRESS 18623 FIRETHORN  
1.4 CITY-ST-ZIP SPRING HILL, FL 346102.1 TITLE U. PRES.  
2.2 NAME ALAN WEINSTEIN  
2.3 STREET ADDRESS 18521 WELLBORN LANE  
2.4 CITY-ST-ZIP SPRING HILL, FL 346103.1 TITLE SECRETARY  
3.2 NAME BETTY HESS  
3.3 STREET ADDRESS 17605 DAVISVILLE DR  
3.4 CITY-ST-ZIP SPRING HILL, FL 346104.1 TITLE TREASURER  
4.2 NAME KATHY BOMHOFF  
4.3 STREET ADDRESS 18541 MONTEVERDE DR.  
4.4 CITY-ST-ZIP SPRING HILL, FL 346105.1 TITLE DIR.  
5.2 NAME DALE CROTEAU  
5.3 STREET ADDRESS 18509 MONTEVERDE DR  
5.4 CITY-ST-ZIP SPRING HILL, FL 346106.1 TITLE DIR.  
6.2 NAME WARD HUMPHREY  
6.3 STREET ADDRESS 16340 HERON HILLS DR.  
6.4 CITY-ST-ZIP SPRING HILL, FL 34610

14. I do 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.

SIGNATURE: KATHY BOMHOFF Kathy Bomhoff 1-27-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)