

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90411 024 ****70.00

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1. Entity Name

HIGHLANDS 10 CIVIC ASSOCIATION, INC.



Principal Place of Business

SHADY HILL COMMUNITY CENTE
15840 GREEN GLEN LANE553
SPRING HILL FL 34610

Mailing Address

18600 MONTEVERDE DR
SPRING HILL FL 34610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3147001

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOIELLI, LOIS H
18600 MONTEVERDE DRIVE
SPRING HILL FL 34610

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLESDELL, JOAN	
STREET ADDRESS	16907 DIPLOMAT DR.	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SOULIS, ROSE	
STREET ADDRESS	16602 DIPLOMAT	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOULIS, TONY	
STREET ADDRESS	16602 DIPLOMAT DR.	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINOR, BILL	
STREET ADDRESS	17913 SILVER THORND CT.	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIOIELLI, LOIS	
STREET ADDRESS	18600 MONTEVERDA DR	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAKE, DAN L	
STREET ADDRESS	16306 CONNEMARA LN	
CITY-ST-ZIP	SPRINGHILL FL 34610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALI, Beverly	
STREET ADDRESS	16607 RICHMOND	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Gioielli	
STREET ADDRESS	18600 MONTEVERDE DR	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, DONNA	
STREET ADDRESS	18637 FIRETHORNE	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meek, Jim	
STREET ADDRESS	18811 WELLBORN	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ludwig, GARY	
STREET ADDRESS	18813 SUSANBERY LN	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, CALVERT	
STREET ADDRESS	18811 FIRETHORN	
CITY-ST-ZIP	SPRING HILL, FL 34610	

12. 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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #