2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # N96000005548 1. Entity Name 04-19-2005 90383 030 ****70.00 HIGHLANDS 10 CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address SHADY HILL COMMUNITY CENTE 15840 GREEN GLEN LANE553 18600 MONTEVERDE DR SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3147001 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 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 Zip Code **34610** 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 epistered agent. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** мау Ве Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition BLESDELL, JOAN MAME NAME 16907 DIPLOMAT DR. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete THILE Change ☐ Addition GIOIELLE, LOIS NAME NAME 18600 MONTEVERDE DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition ALI, BEVERLY NAME NAME 16607 RICHLOAM STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition CURRAN, DONNA NAME NAME 18637 FIRETHORE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MEER, JIM NAME 18811 WELLBORN STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change LUDWIG, GARY NAME NAME 18813 SUGARBERRY LN STREET ADDRESS STREET ADDRESS SPRINGHILL FL 34610 CITY-ST-7IP CITY-ST-ZIP 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 addyess, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED