2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State
04-03-2008 90021 015 ****70.00

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1. Entity Name
HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SHADY HILL COMMUNITY CENTE 15840 GREEN GLEN LANE553 SPRING HILL, FL 34610	16709 DIPLOMAT DR SPRING HILL, FL 34610

04012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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
BLESEDELL, JOAN M 16709 DIPLOMAT DR 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLESEDELL, JOAN M 16907 DIPLOMAT DR. SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Williams, Lois H 18600 Monteverde Dr Spring Hill, FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIOIELLE, LOIS 18600 MONTEVERDE DR SPRING HILL, FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SLARYSSA KARchele 16536 NAcomb6s Lane Spring Hill, FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VENCEVICH, ROBERT D 16800 RICHLOAM LANE SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKey, ELeanor 18347 SAND PINE DR SPRING Hill, FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANCHEZ, RAFAEL 16119 HERON HILLS DR SPRING HILL, FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURY, MARY Beth 16610 NAcomb6s Lane SPRING Hill, FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, JANICE A 18224 SAND PINE DR SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIVZDAK, GENE 18241 SAND PINE DR SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _____ 4/1/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #