2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N96000005548

Entity Name: HIGHLANDS 10 CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

16709 DIPLOMAT DR
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 59-3147001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLESEDELL, JOAN M
16709 DIPLOMAT DR
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BLESEDELL, JOAN M	
Address:	16907 DIPLOMAT DR.	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	S	( ) Delete
Name:	SLARYSSA, KARCHCLE	
Address:	16536 NACOMBS LANE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	VD	( ) Delete
Name:	VENCEVICH, ROBERT D	
Address:	16800 RICHLOAM LANE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	D	( ) Delete
Name:	FURY, MARYBETH	
Address:	16610 NACOMBS LANE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	D	( ) Delete
Name:	BUSH, JANICE A	
Address:	18224 SAND PINE DR	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	D	( ) Delete
Name:	SIVZDAK, GENE	
Address:	18241 SAND PINE DR	
City-St-Zip:	SPRING HILL, FL 34610	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	LARYSSA, KARCHCLE	
Address:	16536 NACOMBS LANE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	WILLIAMS, LOIS	
Address:	18600MONTEVERDE DRIVE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS WILLIAMS T 03/17/2009
Electronic Signature of Signing Officer or Director — Date