

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90189 039 *****70.00

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DOCUMENT # N96000005548

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

**GIOIELLI, LOIS H
18600 MONTEVERDE DRIVE
SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

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

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 checked="" type="checkbox"/> Delete
NAME	LAMA, MARGE	
STREET ADDRESS	17820 MONTEVERDE DR.	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOULIS, ROSE	
STREET ADDRESS	16602 DIPLOMAT	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOULIS, TONY	
STREET ADDRESS	16601 NACOMBS	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUDWIG, GARY	
STREET ADDRESS	18347 SUGARBERRY LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIOIELLI, LOIS	
STREET ADDRESS	18600 MONTEVERDE DR	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input 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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN Blesedell	
STREET ADDRESS	16907 DIPLOMAT DR	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMA, MARGE	
STREET ADDRESS	17820 MONTEVERDE DR	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULIS, TONY	
STREET ADDRESS	16602 DIPLOMAT DR	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL MINOR	
STREET ADDRESS	17913 SILVERTHORN CT	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMA, SAL	
STREET ADDRESS	17820 MONTEVERDE DR	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOULIS, Jim	
STREET ADDRESS	16602 DIPLOMAT DR	
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 19.07(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 like empowered.

SIGNATURE:

SIGNATURE

4/24/2003

CR2E037 (10/02)