

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724428

Entity Name: HIGHRIDGE CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**311 HERMITAGE DRIVE
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**311 HERMITAGE DRIVE
ALTAMONTE SPRINGS, FL 32701**FEI Number:** 23-7337140**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIGH RIDGE CIVIC ASSOCIATION
309 WESTCHESTER DRIVE
ALTAMONTE SPRINGS, FL 32701 US*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:** ROSS DUHAIME

02/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALTER, SCOTT
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title T
Name DUHAIME, ROSS
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP
Name SAYLOR, DANIEL
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name LONGSHORE, GINA
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title SECRETARY
Name WEEKS, CORI
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name DOWD, MICHELLE
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name OWENS, PAUL
Address 311 HERMITAGE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

I hereby 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 all other like empowered.

SIGNATURE: ROSS DUHAIME**TREASURER**

02/22/2020

Electronic Signature of Signing Officer/Director Detail

Date