

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761645

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** HIGHLANDS COUNTY FAIR ASSOCIATION, INC.

**Current Principal Place of Business:**

756 MAGNOLIA AVE  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1981  
PO BOX 1981  
SEBRING, FL 33871 US

**New Mailing Address:**

PO BOX 1981  
SEBRING, FL 33871 US

**FEI Number:** 59-1030418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWAINE, J MICHAEL  
245 SOUTH COMMERCE  
SEBRING, FL 33870 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: PRES  
Name: ADAMS, SKIP  
Address: 228 RAIL AVE  
City-St-Zip: SEBRING, FL 33872

Title: VP  
Name: SPEIGEL, JONATHAN  
Address: 2711 SNYDER RD  
City-St-Zip: SEBRING, FL 33870

Title: SEC  
Name: BRONSON, STEVE  
Address: PO BOX 426  
City-St-Zip: LORIDA, FL 33857

Title: ASEC  
Name: MACKAY, STEVEN  
Address: 635 PERSIMMON AVE  
City-St-Zip: SEBRING, FL 33870

Title: TREA  
Name: TRAVERS, DAVE  
Address: 111 MINI RANCH RD  
City-St-Zip: SEBRING, FL 33870

Title: ATRE  
Name: CULVERHOUSE, THOMAS C  
Address: 102 LONGWOOD RD  
City-St-Zip: SEBRING, FL 33870

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: SKIP ADAMS

PRES

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date