

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90030 028 ****61.25

DOCUMENT # N95000002014 1. Entity Name HIGHLAND LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 1510 N BROADWAY BARTOW, FL 33830			Mailing Address PO BOX 2653 BARTOW, FL 33830																																																																																																																																																		
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 59-3101191			Applied For ☐ Not Applicable																																																																																																																																																		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																																																																		
6. Name and Address of Current Registered Agent SAUNDERS, THOMAS C 480 S BROADWAY AVE BARTOW, FL 33830			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)																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2007		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>FUS, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2190 BOARDMAN RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CREASY, JAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2170 BOARDMAN ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>FUS, JANET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2190 BOARDMAN RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>BRASWELL, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 BARBER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>BRASWELL, JIMMY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1775 HIGHLAND BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CRAIG, NANCY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1770 BOSARGE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CREASY JAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2170 BOARDMAN RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>GAIL BRETZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1720 BOSARGE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>ELIZABETH HUCKS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1735 BOSARGE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	P	☐ Delete	NAME	FUS, JOHN		STREET ADDRESS	2190 BOARDMAN RD.		CITY-ST-ZIP	BARTOW, FL 33830		TITLE	V	☐ Delete	NAME	CREASY, JAY		STREET ADDRESS	2170 BOARDMAN ROAD		CITY-ST-ZIP	BARTOW, FL 33830		TITLE	S	☐ Delete	NAME	FUS, JANET		STREET ADDRESS	2190 BOARDMAN RD		CITY-ST-ZIP	BARTOW, FL 33830		TITLE	D	☒ Delete	NAME	BRASWELL, BOB		STREET ADDRESS	2200 BARBER DRIVE		CITY-ST-ZIP	BARTOW, FL 33830		TITLE	D	☒ Delete	NAME	BRASWELL, JIMMY		STREET ADDRESS	1775 HIGHLAND BLVD.		CITY-ST-ZIP	BARTOW, FL 33830		TITLE	T	☐ Delete	NAME	CRAIG, NANCY		STREET ADDRESS	1770 BOSARGE		CITY-ST-ZIP	BARTOW, FL 33830		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	☒ Change ☐ Addition	NAME	CREASY JAY		STREET ADDRESS	2170 BOARDMAN RD		CITY-ST-ZIP	BARTOW FL 33830		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	V	☐ Change ☒ Addition	NAME	GAIL BRETZ		STREET ADDRESS	1720 BOSARGE DRIVE		CITY-ST-ZIP	BARTOW, FL 33830		TITLE	D	☐ Change ☒ Addition	NAME	ELIZABETH HUCKS		STREET ADDRESS	1735 BOSARGE DR		CITY-ST-ZIP	BARTOW FL 33830		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 817, 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: <u>Nancy Craig</u> NANCY CRAIG <u>2/5/07</u> <u>863-534-9488</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					

ATTACHMENT HIGHLAND LAKE ESTATES
400/0147

DOC # N9500000 2014

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JOE HURBAN

2140 Highland Blvd

BARTOW FL 33830

D

Max Wilbanks

P.O. Box 2285

BARTOW, FL 33831

D

LARRY Godwin

2115 Boardman Rd

BARTOW, FL 33830

D

MARY McPherson

2131 Village Rd

BARTOW, FL 33830