

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005660 (5)**

1. Corporation Name

**HIGHLANDS VISTA PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**808 W. ALAMO DR.  
LAKELAND FL 33813**

**P.O. BOX 5400  
LAKELAND FL 33807-5400  
US**

3. Date Incorporated or Qualified

**11/14/1994**

4. FEI Number

**59-3278690**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 5018 Greenbrook Lane**

**26 P.O. Box 5284**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Lakeland, FL**

**28 Lakeland, FL**

Zip

Country

Zip

Country

**24 33811**

**25 Polk**

**29 33807-5284**

**30 Polk**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLSWORTH, W W JR  
208 W. ALAMO DR.  
LAKELAND FL 33813**

**81 Name  
Kay F Elliott**

**82 Street Address (P.O. Box Number is Not Acceptable)  
5018 Greenbrook Lane**

**83**

**84 City  
Lakeland**

**FL**

**85 Zip Code  
33811**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Kay F Elliott, Community Association Manager**

**3/5/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ELLSWORTH, W W JR</b>	
STREET ADDRESS	<b>208 W. ALAMO DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARPER, ROBERT F III</b>	
STREET ADDRESS	<b>208 W. ALAMO DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, BOBBIE J</b>	
STREET ADDRESS	<b>208 WEST ALAMO DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Daniel E. Stetson</b>	
1.3 STREET ADDRESS	<b>5544 Highlands Vista Cir.</b>	
1.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
2.1 TITLE	<b>VP/Dir</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Louise Silver</b>	
2.3 STREET ADDRESS	<b>5464 Highlands Vista Cir.</b>	
2.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
3.1 TITLE	<b>Sec./Dir</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Barbara Scott</b>	
3.3 STREET ADDRESS	<b>5429 Highlands Vista Cir.</b>	
3.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
4.1 TITLE	<b>Treas./Dir</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vicki Jones</b>	
4.3 STREET ADDRESS	<b>5453 Highlands Vista Cir.</b>	
4.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
5.1 TITLE	<b>Dir.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Marshal McNeeley</b>	
5.3 STREET ADDRESS	<b>5440 Highlands Vista Cir.</b>	
5.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
6.1 TITLE	<b>Dir.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Terry Arbolaes</b>	
6.3 STREET ADDRESS	<b>5550 Highlands Vista Cir.</b>	
6.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*[Signature]*

**3-2-98**

CR2E037 (10/97)