

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005660

1. Entity Name

HIGHLANDS VISTA PROPERTY OWNERS' ASSOCIATION, IN

Principal Place of Business

5018 GREENBROOK LANE
LAKELAND FL 33811
US

Mailing Address

P.O BOX 5284
LAKELAND FL 33807-5284
US

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

59-3278690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, KAY F
5018 GREENBROOK LANE
LAKELAND FL 33811

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STETSON, DANIEL E
STREET ADDRESS 5544 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE D
NAME STETSON, DANIEL
STREET ADDRESS 5564 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE SD
NAME SILVER, LOUISE
STREET ADDRESS 5464 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE VPD
NAME CORDES, MEREDITH
STREET ADDRESS 5553 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ Addition

TITLE VPD
NAME SCOTT, BARBARA
STREET ADDRESS 5429 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE PD
NAME SCOTT, BARBARA
STREET ADDRESS 5429 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE TD
NAME JONES, VICKI
STREET ADDRESS 5453 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE SD
NAME WALSH, BOB
STREET ADDRESS 5547 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ Addition

TITLE D
NAME MCNEELEY, MARSHALL
STREET ADDRESS 5440 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE TD
NAME MCNEELY, MARSHALL
STREET ADDRESS 5440 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE D
NAME ARBOLAEZ, TERRY
STREET ADDRESS 5550 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE D
NAME CASINI, GARY
STREET ADDRESS 5595 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ Addition

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARBARA Scott 5/5/00 863 647 1739



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)