

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90210 034 ****61.25

DOCUMENT # N94000005660

1. Entity Name

HIGHLANDS VISTA PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1135
HIGHLAND CITY FL 33846-1135
US

Mailing Address

P.O. BOX 1135
HIGHLAND CITY FL 33846-1135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

THE ALLEN LAW FIRM P.A.
170 NORTH FLORIDA 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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD**
NAME **FOWLER, JOY** ☒ Delete
STREET ADDRESS **5523 HIGHLANDS VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D**
NAME **DEPIANTA, JEFF** ☐ Delete
STREET ADDRESS **5489 HIGHLANDS VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PD**
NAME **HEAPS, BERNADETTE C** ☒ Delete
STREET ADDRESS **5511 HIGHLANDS VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **TD**
NAME **BLYTHE, BRYAN K** ☐ Delete
STREET ADDRESS **5477 HIGHLANDS VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **Meredith Cordes** ☐ Change ☒ Addition
STREET ADDRESS **5553 Highlands Vista Circle**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **VPD**
NAME **Robert Walsh** ☐ Change ☒ Addition
STREET ADDRESS **5547 Highlands Vista Circle**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **SD**
NAME **Angela Bodolay** ☐ Change ☒ Addition
STREET ADDRESS **5517 Highlands Vista Circle**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **D**
NAME **Robert Wood** ☐ Change ☒ Addition
STREET ADDRESS **5490 Highlands Vista Circle**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **D**
NAME **John Blair** ☐ Change ☒ Addition
STREET ADDRESS **5511 Highlands Vista Circle**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

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:

Meredith Cordes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Meredith Cordes** **2-11-03** **863-644-5694**