

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741399

**Entity Name:** HIGHLAND LAKES CONDOMINIUM VIII ASSOCIATION, INC.

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**7021787977CC**

**Current Principal Place of Business:**

2221 SWEDISH DRIVE #3  
32708 US #19 NORTH  
CLEARWATER, FL 33763

**Current Mailing Address:**

P. O. BOX 14725  
32708 US #19 NORTH  
CLEARWATER, FL 33766-4725 US

**FEI Number: 59-1792436**

**Certificate of Status Desired: No**

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

JONES, SHIRLEY H  
2221 SWEDISH DRIVE #3  
CLEARWATER, FL 33763 US

*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

**Officer/Director Detail :**

Title D  
Name MATTHEWS, IAN  
Address 2846-D HIGHLAND BLVD  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name BOULET, JOHN  
Address 2821-C SHERBROOKE LN  
City-State-Zip: PALM HARBOR FL 34684

Title PD  
Name PAX, JOHN  
Address 2842-A HIGHLAND BLVD  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name SHIPOS, DUSAN  
Address 2821-B SHERBROOK LANE  
City-State-Zip: PALM HARBOR FL 34684

Title SD  
Name VILSACK, JIM  
Address 2850-B HIGHLAND BLVD  
City-State-Zip: PALM HARBOR FL 34684

*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: JOHN PAX**

**PRESIDENT**

**04/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date