

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741399

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

**FILED**  
**Feb 24, 2023**  
**Secretary of State**  
**8096734165CC**

**Current Principal Place of Business:**

2451 N MCMULLEN BOOTH RD,  
STE 261  
CLEARWATER, FL 33759-1371

**Current Mailing Address:**

2451 N MCMULLEN BOOTH RD,  
STE 261  
CLEARWATER, FL 33759-1371 US

**FEI Number: 59-1792436**

**Certificate of Status Desired: No**

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

BURNS, ARLENE M  
2451 N MCMULLEN BOOTH RD,  
STE 261  
CLEARWATER, FL 33759-1371 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: ARLENE M BURNS**

**02/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BICKFORD, SUZANNE  
Address        2451 N MCMULLEN BOOTH RD,  
                  STE 261  
City-State-Zip: CLEARWATER FL 33759-1371

Title            VP  
Name            NASH, DENNIS  
Address        2451 N MCMULLEN BOOTH RD,  
                  STE 261  
City-State-Zip: CLEARWATER FL 33759-1371

Title            SECRETARY  
Name            BRODERICK, TRACY  
Address        2451 N MCMULLEN BOOTH RD,  
                  STE 261  
City-State-Zip: CLEARWATER FL 33759-1371

Title            TREASURER  
Name            SHIPOSH, DUSAN  
Address        2451 N MCMULLEN BOOTH RD,  
                  STE 261  
City-State-Zip: CLEARWATER FL 33759-1371

Title            DIRECTOR  
Name            VILSACK, JAMES  
Address        2451 N MCMULLEN BOOTH RD,  
                  STE 261  
City-State-Zip: CLEARWATER FL 33759-1371

*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: SUZANNE BICKFORD**

**PRESIDENT**

**02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date