

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755501

**FILED  
Mar 02, 2015  
Secretary of State  
CC9238478536**

**Entity Name:** HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.

**Current Principal Place of Business:**

C/O CALIBER CONDO MGT IN  
32708 US 319 NORTH  
PALMHARBOR, FL 34684

**Current Mailing Address:**

C/O CALIBER CONDO MGT IN  
32708 US #19 NORTH  
PALM HARBOR, FL 34684 US

**FEI Number:** 59-2192600

**Certificate of Status Desired:** No

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

JONES, SHIRLEY H  
C/O CALIBER COND MGT.  
32708 US #19 NORTH  
PALM HARBOR, FL 34684 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 TD  
Name HUGHEY, ANN  
Address 3447 MACLAREN DRIVE  
City-State-Zip: PALM HARBOR FL 34684

Title PD  
Name DAVIS, MICHAEL  
Address 3445 MACLAREN DR.  
City-State-Zip: PALM HARBOR FL 34684

Title VP  
Name PFLEEGER, MARJORIE  
Address 3482 MACLAREN DR.  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name WIETECKI, MELVIN  
Address 3434 MACLAREN DRIVE  
City-State-Zip: PALM HARBOR FL 34684

Title S  
Name SACKETT, KATHLEEN  
Address 3438 MACLAREN DRIVE  
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:** MICHAEL DAVIS

**PRESIDENT**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date