

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755501

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC8770725170**

**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            VPD  
Name            HUGHEY, ANN  
Address        3447 MACLAREN DRIVE  
City-State-Zip: PALM HARBOR FL 34684

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

Title            TD  
Name            HICKMAN, EILEEN  
Address        3426 MACLAREN DR.  
City-State-Zip: PALM HARBOR FL 34684

Title            PD  
Name            HOOVER, CHRIS  
Address        3481 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:** CHRIS HOOVER

**PRESIDENT**

**04/09/2018**

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

\_\_\_\_\_  
Date