

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755501

FILED
Mar 07, 2016
Secretary of State
CC8802534306

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 D
Name HUSSEY, EDWARD
Address 3458 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

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date