

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

DOCUMENT# 755501

**FILED**  
**Apr 21, 2019**  
**Secretary of State**  
**0675050766CC**

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

**Current Principal Place of Business:**

INTEGRITY ASSOCIATION MGMT INC  
32708 US19 NORTH  
PALM HARBOR, FL 34684

**Current Mailing Address:**

INTEGRITY ASSOCIATION MGMT INC  
32708 US19 NORTH  
PALM HARBOR, FL 34684 US

**FEI Number:** 59-2192600

**Certificate of Status Desired:** No

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

KRICK, JOHN HERBERT  
INTEGRITY ASSOCIATION MGMT INC  
32708 US19 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:** JOHN HERBERT KRICK

04/21/2019

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 PFLEEGER, MARGE  
Address 3482 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:** EILEEN HICKMAN

VPD

04/21/2019

Electronic Signature of Signing Officer/Director Detail

Date