

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755501

**FILED**  
**Feb 24, 2024**  
**Secretary of State**  
**3171074525CC**

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

**Current Principal Place of Business:**

2451 N MCMULLEN BOOTH RD.  
#200  
CLEARWATER, FL 33759-1371

**Current Mailing Address:**

2451 N MCMULLEN BOOTH RD.  
#200  
CLEARWATER, FL 33759-1371 US

**FEI Number:** 59-2192600

**Certificate of Status Desired:** No

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

BURNS, ARLENE M  
2451 N MCMULLEN BOOTH RD.  
#200  
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

02/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ALBADA, JENNIFER  
Address        2451 N MCMULLEN BOOTH RD.  
                  #200  
City-State-Zip: CLEARWATER FL 33759-1371

Title           PRESIDENT  
Name           HICKMAN, EILEEN  
Address        2451 N MCMULLEN BOOTH RD.  
                  #200  
City-State-Zip: CLEARWATER FL 33759-1371

Title           DIRECTOR  
Name           ROGERS, DON  
Address        2451 N MCMULLEN BOOTH RD.  
                  #200  
City-State-Zip: CLEARWATER FL 33759-1371

Title           VP  
Name           HOOVER, CHRIS  
Address        2451 N MCMULLEN BOOTH RD.  
                  #200  
City-State-Zip: CLEARWATER FL 33759-1371

Title           S  
Name           KEUSCH, JOHN  
Address        2451 N MCMULLEN BOOTH RD.  
                  #200  
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:** EILEEN HICKMAN

PRESIDENT

02/24/2024

Electronic Signature of Signing Officer/Director Detail

Date