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.

PRESIDENT

SIGNATURE: DAVID J ADAMS

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HIGHLAND COMMUNITY MANAGEMENT, LLC 3020 S. FLORIDA AVE. SUITE 305 LAKELAND, FL 33803 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:

(

Officer/Director Detail :			
Title	Р	Title	SECRETARY/TREASURER
Name	ADAMS, DAVID J	Name	ANDRADE, MILTON
Address	3020 S. FLORIDA AVE., SUITE 101	Address	3020 S. FLORIDA AVE, SUITE 305
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803
Title	VP		
Name	WALSH, BRIAN		
Address	3020 S. FLORIDA AVE., SUITE 101		
City-State-Zip:	LAKELAND FL 33803		

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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1800008500

Entity Name: HIGHLAND MEADOWS 4B HOMEOWNERS ASSOCIATION INC

Current Principal Place of Business:

3020 S. FLORIDA AVE SUITE 305 LAKELAND, FL 33803

Current Mailing Address:

3020 S. FLORIDA AVE SUITE 305 LAKELAND, FL 33803 UN

FEI Number: 83-1483082

Certificate of Status Desired: No

01/08/2020 Date

FILED Jan 08, 2020 Secretary of State 6763157147CC

Date