

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20220

Entity Name: HIGHLAND FAIRWAYS PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Jan 25, 2024
Secretary of State
2600187626CC**Current Principal Place of Business:**3222 HIGHLAND FAIRWAYS BLVD
LAKELAND, FL 33810**Current Mailing Address:**3222 HIGHLAND FAIRWAYS BLVD
LAKELAND, FL 33810 US**FEI Number: 59-2794319****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MASI, JOHN L ESQ.
801 N ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801 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 PRESIDENT, DIRECTOR
Name STOWELL , JEFFREY
Address 3222 HIGHLAND FAIRWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

Title SECRETARY, DIRECTOR
Name MILES, CATHERINE
Address 3222 HIGHLAND FAIRWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

Title OPS I, DIRECTOR
Name BISSONNETTE, PAT
Address 3222 HIGHLAND FAIRWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

Title OPS III, DIRECTOR
Name FORBES, PAUL
Address 3222 HIGHLAND FARIWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

Title VP, DIRECTOR
Name BISSONNETTE, PAT
Address 3222 HIGHLAND FAIRWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

Title TREASURER, DIRECTOR
Name BOURDEAU, BERNIE
Address 3222 HIGHLAND FAIRWAYS BLVD
City-State-Zip: LAKELAND FL 33810

Title OPS II, DIRECTOR
Name BARNES, DON
Address 3222 HIGHLAND FAIRWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

Title COMMUNITY ASSOCIATION MANAGER
Name BERRY, SHANNON
Address 3222 HIGHLAND FAIRWAYS BOULEVARD
City-State-Zip: LAKELAND FL 33810

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: BERRY, SHANNON**COMMUNITY
ASSOCIATION MANAGER****01/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date