

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005660

**Entity Name:** HIGHLANDS VISTA PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1621 E EDGEWOOD DR, STE F  
LAKELAND, FL 33803**Current Mailing Address:**1621 E EDGEWOOD DR, STE F  
LAKELAND, FL 33803 US**FEI Number:** 59-3278690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AIA PROPERTY MANAGEMENT INC  
1621 E EDGEWOOD DR, STE F  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	BOB, LESLIE
Address	1621 E EDGEWOOD DR, STE F
City-State-Zip:	LAKELAND FL 33803

Title	SECRETARY
Name	AMANDA, SPEAKMAN
Address	1621 E EDGEWOOD DR, STE F
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	JULIANNE, WALKER
Address	1621 E EDGEWOOD DR, STE F
City-State-Zip:	LAKELAND FL 33803

Title	TREASURER
Name	MIKE, SUTER
Address	1621 E EDGEWOOD DR, STE F
City-State-Zip:	LAKELAND FL 33803

Title	DIRECT
Name	DIANE , CASINI
Address	1621 E EDGEWOOD DR, STE F
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	JIM, EMMITT
Address	1621 E EDGEWOOD DR, STE F
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 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:** BOB LESLIE**PRESIDENT****02/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date