

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005660

Entity Name: HIGHLANDS VISTA PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2108 E EDGEWOOD DR
LAKELAND, FL 33803**Current Mailing Address:**2108 E EDGEWOOD DR
LAKELAND, FL 33803 US**FEI Number:** 59-3278690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AIA PROPERTY MANAGEMENT INC
2108 E EDGEWOOD DR
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	PRESIDENT
Name	SPEAKMAN, SEAN
Address	2108 E EDGEWOOD DR
City-State-Zip:	LAKELAND FL 33803

Title	VP
Name	BLYTHE, BRYAN
Address	2108 E EDGEWOOD DR
City-State-Zip:	LAKELAND FL 33803

Title	TREASURER
Name	HITTE, CAROL
Address	2108 E EDGEWOOD DR
City-State-Zip:	LAKELAND FL 33803

Title	SECRETARY
Name	CASINI, DIANE
Address	2108 E EDGEWOOD DR
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	RINGER, ANDIE
Address	2108 E EDGEWOOD DR
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	WALSH, BOB
Address	2108 E EDGEWOOD DR
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	ABITOL, SHANNON
Address	2108 E EDGEWOOD DR
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: SEAN SPEAKMAN**PRESIDENT****02/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date