

2020 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 BONDS, CAROL
Address 2108 E EDGEWOOD DR
City-State-Zip: LAKELAND FL 33803

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

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

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

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

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

Title DIRECTOR
Name EMMITT, LORI
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: CAROL BONDS**PRESIDENT****01/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date