

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003583

**FILED**  
**Apr 13, 2013**  
**Secretary of State**  
**CC0813007530**

**Entity Name:** HIGHLAND FAIRWAYS GOLF CLUB, INC.

**Current Principal Place of Business:**

3235 HIGHLAND FAIRWAYS BLVD.  
LAKELAND, FL 33810

**Current Mailing Address:**

3235 HIGHLAND FAIRWAYS BLVD.  
LAKELAND, FL 33810 US

**FEI Number:** 59-3326679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLYNN, MARY ANN  
3235 HIGHLAND FAIRWAYS BLVD.  
LAKELAND, FL 33810 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            KALCK, SHIRLEY  
Address        3628 WILDCAT RUN  
City-State-Zip: LAKELAND FL 33810

Title            VP  
Name            BOURDEAU, BERNARD  
Address        3139 PEBBLE BEND DR.  
City-State-Zip: LAKELAND FL 33810

Title            SEC  
Name            BUSCHER, JOAN  
Address        3828 WILDCAT RUN  
City-State-Zip: LAKELAND FL 33810

Title            TRES  
Name            GLYNN, MARY ANN  
Address        3749 WILDCAT RUN  
City-State-Zip: LAKELAND FL 33810

Title            DIR  
Name            STONE, WILLIAM3710  
Address        3710 HIGHLAND FAIRWAYS BLVD  
City-State-Zip: LAKELAND FL 33810

Title            DIR  
Name            SCHWARK, ALFRED  
Address        3723 WILDCAT RUN  
City-State-Zip: LAKELAND FL 33810

Title            DIRECTOR  
Name            HOLZWORTH, BILLY  
Address        1974 LONG BOAT DR.  
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: MARY ANN GLYNN**

**TREASURER**

**04/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date