


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **719239** (6)
1. Corporation Name
HIGHLAND LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.

Principal Place of Business Mailing Address
2840 N HIGHLANDS BLVD. **P.O. BOX 7**
AVON PARK FL 33825 **AVON PARK FL 33825**

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 09/01/1970 | |
| 4. FEI Number 59-6533620 | Applied For Not Applicable |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent KING, JUDY 3210 W. CARMINE RD., AVON PARK FL 33825 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAGER, WILLIAM C | 1.2 NAME | |
| STREET ADDRESS | 1545 W. PONSETTIA DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOLIN, MICHAEL E | 2.2 NAME | |
| STREET ADDRESS | 2132 N. ZEPHYR RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ASHCRAFT, ALAN S | 3.2 NAME | |
| STREET ADDRESS | 246 LAKE DAMON DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, JUDY | 4.2 NAME | |
| STREET ADDRESS | 3210 W. CARMINE RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL 33825 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIMMERMAN, DON | 5.2 NAME | |
| STREET ADDRESS | 2084 N. LARRAMORE RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL 33825 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOUGHAN, JAMES | 6.2 NAME | |
| STREET ADDRESS | 2720 BEAUFORT RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan S. Ashcraft, Treasurer 4/26/98

CR2E037 (10/97)