NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 719239

HIGHLAND LAKES VOLUNTEER FIRE AND RESCUE ASSOCIA TION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2840 N HIGHLANDS BLVD. AVON PARK FL 33825

P.O. BOX 7

AVON PARK FL 33825

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90037 029 ****61.25

3. Date Incorporated or Qualifed

09/01/1970

59-6533620

4. FEI Number

Zp	23			28				J.	Certificate of Status Desired		Fee Re	quired	
10 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 10 Name and Address of		- (Country	-	6.	Election Campaign Financing		\$5.00	May Be	
Second Section Sections of Current Registered Agent Sections		25	· .	29	30				Trust Fund Contribution		Added to	Fees	
Signature Same Sa								10. Name and Address of New Registered Agent					
Street Address Street Address P.O. Box Number is Not Acceptable S215 Michon Path								nia Ra	toman				
AVON PARK FL 33825 11. Pursuant to the provisions of Sections 817 0502 and 817 1508. Florida Statutes, the above-named corporation's board submits bis statement for the purpose of changing its registered office or registroid 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 OFFICERS AND DIRECTORS 13.	KING, JUDY						Street	Address (P	O. Box Number is Not Accept	table)			
AVON PARK FL 33825 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. 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. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD SOBELETE 11 TITLE PD SOBELETE 12 NAME AVON PARK FL 12 NAME AVON PARK FL TO SOBELETE 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CATT'-51-2P AVON PARK FL TO SOBELETE 11 TITLE D SOBELETE 11 TITLE PD SOBELETE 12 NAME 31 STREET ADDRESS 32 NAME AVON PARK FL 33 STREET ADDRESS 34 CATT'-51-2P AVON PARK FL 35 STREET ADDRESS 36 Lift Agent we maintains the appointment as registered agent are as registered agent are an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are an authorized with a public and the support of the support of the public and the support of t	3210 W. CARMINE RD.,						52.	15 Mic	non Path				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Provide. Such change was authorized ecorporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Provide. Such change was authorized directors. I hereby accept the appointment as registered agent, or both, in the State of Provide. Statutes. SIGNATURE Comparison	AVON PARK FL 33825												
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's coard interior interior and except in the politication of Section 617.0503. Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD SCHAME Appent signification equates and sine of supplicable. OFFICERS AND DIRECTORS IN 12. ITITLE PD SCHAME BILLY M Bateman 1.5 STREET ADDRESS STREET ADDRESS STREET ADDRESS JULIN, MICHAEL E 2132 N. ZEPHYR RD AVON PARK FL JULIN, MICHAEL E 2132 N. ZEPHYR RD AVON PARK FL STREET ADDRESS 246 LAKE DAMON DR AVON PARK FL STREET ADDRESS AVON PARK FL AVON PARK FL STREET ADDRESS AVON PARK FL AVON PARK FL SD CITY-ST-ZP AVON PARK FL AVON PARK FL SD CITY-ST-ZP AVON PARK FL SD CITY-ST-ZP AVON PARK FL SD CITY-ST-ZP AVON PARK FL STREET ADDRESS AVON PARK FL STREET ADDRESS AVON PARK FL SD CITY-ST-ZP AVON PARK FL SD CITY-ST-ZP AVON PARK FL STREET ADDRESS AVON PARK							Ávo	/# TUIN					
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE		. Scalling.	title if applicable.				equired when n	einstating)	4-15 DATE	- 77		
TITLE PD SAGER, WILLIAM C SAGER, WILLIAM C STREETADRESS 1545 W. POINSETTIA DR 13 STREETADRESS 1545 W. POINSETTIA DR 13 STREETADRESS 215 Michon Path 4 CMTY-ST-ZP AVON PARK FL 30825 TITLE VPD DILETE 21 TILE DILETE 31 TILE TD SAGEN AVON PARK FL 33825 TITLE TD SAGEN AVON PARK FL 33825 TITLE TD SAGEN AVON PARK FL 33825 TITLE SD. SAGEN AVON PARK FL 33825 TITLE SD. SAGEN AVON PARK FL 33825 TITLE SD. SAGEN AVON PARK FL 33825 TITLE D D SAGEN AVON PARK FL 33825 TITLE D D SAGEN AVON PARK FL 33825 TITLE SAGEN AVON PARK FL 33	12.	Signature, typed or pin			(1.2.2.1					FFICERS AN	D DIRECTO	RS IN 12	
STREET ADDRESS (CTY-ST-ZP) AVON PARK FL TILE TI	TITLE	PD			DELETE	1.1 TITLE		PD			Change	☐ Addition	
AVON PARK FL	NAME	SAGER, WILLIA	AM C			1.2 NAME		Bill	y M Bateman				
NAME	STREET ADDRESS	1545 W. POIN	Settia dr			1.3 STREE	T ADDRESS	5215	Michon Path			i	
NAME	CITY-ST-ZIP	AVON PARK F	L			1.4 CITY-S	T-ZIP	Avon	Park, FL 33825				
STREET ADDRESS CITY-ST-ZIP AVON PARK FL TID ASHCRAFT, ALAN S STREET ADDRESS CITY-ST-ZIP AVON PARK FL 31 TITLE TD ASHCRAFT, ALAN S STREET ADDRESS CITY-ST-ZIP AVON PARK FL 32 NAME 33 STREET ADDRESS CITY-ST-ZIP AVON PARK FL 34. CITY-ST-ZIP AVON PARK FL 32 NAME 33 STREET ADDRESS CITY-ST-ZIP AVON PARK FL 32 NAME 33 STREET ADDRESS CITY-ST-ZIP AVON PARK FL 32 NAME 34. CITY-ST-ZIP AVON PARK FL 3825 AVON PARK FL 32 NAME 33 STREET ADDRESS CITY-ST-ZIP AVON PARK FL 32 NAME 34. CITY-ST-ZIP AVON PARK FL 3825 AVON PARK FL 33825 TITLE D AVON PARK FL 33825 TITLE D AVON PARK FL 33825 TITLE D AVON PARK FL 33825 AVON PARK FL 33825 AVON PARK FL 33825 TITLE D Change Addition AVON PARK FL 33825	TITLE	VPD			☑ DELETE	2.1 TITLE		VPD			Change	Addition	
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TITLE SD.	STREET ADDRESS	246 LAKE DAM	MON DR			3.3 STREE	TADDRESS	l					
NAME KING, JUDY STREET ADDRESS S210 W. CARMINE RD. AVON PARK FL 33825 TITLE D SIMMERMAN, DON STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 TITLE D SIMMERMAN, DON STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 TITLE D SIMMERMAN, DON STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 TITLE D SIMMERMAN, DON SUBJECTE SUBJECT SUBJECTE SUBJECTE SUBJECT	CITY-ST-ZIP	AVON PARK F	<u>L</u>			3.4. CITY-5	ST-ZIP		Park, FL 33825				
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NAME ZIMMERMAN, DON STREET ADDRESS CITY-ST-ZIP NAME LOUGHAN, JAMES STREET ADDRESS CITY-ST-ZIP NAME LOUGHAN, JAMES STREET ADDRESS CITY-ST-ZIP AVON PARK FL STREET ADDRESS CITY-ST-ZIP AVON PAR	CITY-ST-ZIP	AVON PARK F	L 33825			4.4 CITY-S	T-ZIP		Park, FL 33825				
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NAME LOUGHAN, JAMES STREET ADDRESS CITY-ST-ZIP AVON PARK FL 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP AVON PARK FL 64 CITY-ST-ZIP AVON PARK FL 652 NAME 653 STREET ADDRESS 64 CITY-ST-ZIP AVON PARK, FL 33825	CITY-ST-ZIP	AVON PARK F	L 33825				T- ZIP	Avon	Park, FL 33825				
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AVON PARK FL 64 CITY-ST-ZIP AVON PARK FL AVON PARK FL 33825	NAME	LOUGHAN, JA	MES										
CITY-ST-ZIP AVON FAIR FL	STREET ADDRESS	2720 BEAUFO	RT RD			6.3 STREE	TADDRESS						
	CITY-ST-ZIP	AVON PARK F	L			6.4 CITY-S							

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable