

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 719239

1. Entity Name
**HIGHLANDS LAKES VOLUNTEER FIRE AND RESCUE
ASSOCIATION, INC.**



Principal Place of Business
**2840 N HIGHLANDS BLVD.
AVON PARK, FL 33825**

Mailing Address
**P.O. BOX 7
AVON PARK, FL 33825**



07072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6533620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEHMAN, KIM
203 MARGARETE DR.
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FERRANTE, TRACY 5135 FELBER RD. AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRANTE, JOSH 5135 FELBER RD. AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOLLIFF, RENEE 2871 EAST MCCALL LANE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OLSEN, KURT 5215 MICHON PATH AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORSE, MIKE P.O. BOX 612 AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000165508
07/12/04-80016-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Renée L. Joliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04
Date

(863) 452-3801
Daytime Phone #