

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719239

FILED  
May 01, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2840 N HIGHLANDS BLVD.  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 59-6533620      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FERRANTE, TRACY  
5135 FELBER RD  
AVON PARK, FL 33825      US

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

JOLIN, MICHELLE D  
2132 N ZEPHYR RD  
AVON PARK, FL 33825      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: MICHELLE JOLIN

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: FERRANTE, TRACY  
Address: 5135 FELBER RD.  
City-St-Zip: AVON PARK, FL 33825

Title: SD      ( ) Delete  
Name: FERRANTE, SUMMER  
Address: 5135 FELBER RD.  
City-St-Zip: AVON PARK, FL 33825

Title: D      ( ) Delete  
Name: SMITH, AMBER  
Address: 127 SOUTH PROSPECT AVE  
City-St-Zip: AVON PARK, FL 33825

Title: VP      ( ) Delete  
Name: OLSEN, KURT  
Address: 5215 MICHON PATH  
City-St-Zip: AVON PARK, FL 33825

Title: P      ( ) Delete  
Name: MORSE, MIKE  
Address: P.O. BOX 612  
City-St-Zip: AVON PARK, FL 33826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T      (X) Change ( ) Addition  
Name: JOLIN, MICHELLE  
Address: 2132 N ZEPHYR RD  
City-St-Zip: AVON PARK, FL 33825

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE JOLIN

T

05/01/2006

Electronic Signature of Signing Officer or Director

Date