

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **735000** (2)  
1. Corporation Name  
**HIGHLANDS COUNTY BUILDERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1427 US 27 NORTH SEBRING FL 33870 US**

3. Date Incorporated or Qualified **02/20/1976** 3a. Date of Last Report **02/13/1995**

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

4. FEI Number **59-1926520** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCCLELLAND, MARY  
1427 US 27 NORTH  
SEBRING FL 33870**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 **Mary McClelland, Executive Officer** **Mary McClelland** **1-16-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD WILLIAMS, A.L.</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	<b>2504 OFFICE PARK RD.</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>VD RICHARDSON, JAMES D.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>4141 US 27 NORTH</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>STD JOHNSON, JUDY L</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>1901 US 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>E0 FETTINGER, JOYCE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	<b>1427 US 27 NORTH</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>VD KURPIEWSKI, JOE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>251 COMMERCIAL COURT</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Joe Kurpiewski</b>	
1.3 STREET ADDRESS	<b>251 Commercial Court</b>	
1.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Judy Lee Johnson</b>	
2.3 STREET ADDRESS	<b>1901 US 27 South</b>	
2.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
3.1 TITLE	<b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jim Richardson (James D)</b>	
3.3 STREET ADDRESS	<b>4141 US 27 North</b>	
3.4 CITY-ST-ZIP	<b>Sebring FL 33870</b>	
4.1 TITLE	<b>Executive Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Mary McClelland</b>	
4.3 STREET ADDRESS	<b>1427 US 27 North</b>	
4.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
5.1 TITLE	<b>Wynette Waeo</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>1500 Duffer Rd</b>	
5.3 STREET ADDRESS	<b>Sebring FL 33872</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>200001748400</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-03/19/96--01023--011</b>	
6.3 STREET ADDRESS	<b>***61.25</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Mary McClelland** **Mary McClelland** **1-16-96** **941-382-1304**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)