


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735000 (2)
1. Corporation Name
HIGHLANDS COUNTY BUILDERS ASSOCIATION, INC.



Principal Place of Business 1427 US 27 NORTH SEBRING FL 33870 US	Mailing Address 1427 US 27 NORTH SEBRING FL 33870-1953 US
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3. Date Incorporated or Qualified 02/20/1976	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1926529	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WYNETTE	1.2 NAME	Wynette Ward
STREET ADDRESS	1500 DUFFER RD	1.3 STREET ADDRESS	1500 Duffer Rd
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JAMES D.	2.2 NAME	Carter Gordon
STREET ADDRESS	4141 US 27 NORTH	2.3 STREET ADDRESS	P.O. Box 1763
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	Sebring, FL 33871-1763
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JUDY L	3.2 NAME	
STREET ADDRESS	1901 US 27 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	
TITLE	EO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAND, MARY	4.2 NAME	
STREET ADDRESS	1427 US 27 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURPIEWSKI, JOE	5.2 NAME	Judy Lee Johnson
STREET ADDRESS	251 COMMERCIAL COURT	5.3 STREET ADDRESS	3601 U.S. 27 North
CITY-ST-ZIP	SEBRING FL 33870	5.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Mary McClelland MARY McClelland 1-21-97 941-382-1304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054245

CR2E037 (9/96)