


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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 US
---	---

3. Date Incorporated or Qualified 02/20/1976	4. FEI Number 59-1926529	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
---	-----------------------------	---

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ (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	DST WARD, WYNETTE 1500 DUFFER ROAD SEBRING FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DVP GORDON, CARTER PO BOX 1763 SEBRING FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD JOHNSON, JUDY L 1901 US 27 SOUTH SEBRING FL 33870
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	EO MCCLELLAND, MARY 1427 US 27 NORTH SEBRING FL 33870
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD JOHNSON, JUDY LEE 3801 US 27 NORTH SEBRING FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Valerie Miller
1.3 STREET ADDRESS	P.O. Box 87 N/A
1.4 CITY-ST-ZIP	Avon Park, FL 33825
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carter Gordon
2.3 STREET ADDRESS	P.O. Box 1763 N/A
2.4 CITY-ST-ZIP	Sebring, FL 33871-1763
3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Todd Harvey
3.3 STREET ADDRESS	32 Quail Roost Rd
3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
4.1 TITLE	EO <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary McClelland
4.3 STREET ADDRESS	1427 U.S. 27 N
4.4 CITY-ST-ZIP	Sebring, FL 33870
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: Mary McClelland MARY McClelland E.O. 112-98 941-382-1304

CF2E037 (10/97)