


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90337 016 ****61.25

DOCUMENT # 735000 1. Entity Name HIGHLANDS COUNTY BUILDERS ASSOCIATION, INC.			
Principal Place of Business 1427 US 27 NORTH SEBRING, FL 33870-1953 US		Mailing Address 1427 US 27 NORTH SEBRING, FL 33870-1953 US	
2. Principal Place of Business 2730 US Hwy 27 N.		3. Mailing Address 2730 US Hwy 27 N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebring, FL		City & State Sebring, FL	
Zip 33870		Zip 33870	
Country US		Country US	
4. FEI Number 59-1926529		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTIZ AL 1427 US 27 NORTH SEBRING, FL 33870		7. Name and Address of New Registered Agent Name: MORETZ, AL Street Address (P.O. Box Number is Not Acceptable) 2730 US Hwy 27 North City: Sebring FL Zip Code: 33870	
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: <i>[Signature]</i> AL MORETZ		DATE: 4-5-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOSE, MARK 503 N EUCALYPTUS STREET SEBRING, FL 33870673	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POE, KEN 6632 CORAL RIDGE RD SEBRING, FL 33876	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, THOMAS 2331 NW LAKEVIEW DR SEBRING, FL 33870	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECOR, MIKE PO BOX 1449 SEBRING, FL 33871	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARI, JOHN 2740 US 27 NORTH SEBRING, FL 33870	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, CARTER PO BOX 1763 SEBRING, FL 338711763	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: 11/18/05	
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark Gose		Daytime Phone #: 863-382-1304	

50038285



01172005 Chg-NP CR2E037 (10/03)