

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735000

FILED
Jan 04, 2008
Secretary of State

Entity Name: HIGHLANDS COUNTY BUILDERS ASSOCIATION, INC.

Current Principal Place of Business:

247 US HWY 27 N
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

247 US HWY 27 N
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 59-1926529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORETZ, AL
247 US HWY 27 N
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POE, KEN
Address: 6632 CORAL RIDGE RD
City-St-Zip: SEBRING, FL 33876 US

Title: VP () Delete
Name: SECOR, MIKE
Address: P.O. BOX 1449
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: JAMES, THOMAS
Address: 2331 NW LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: CARTER, RONNIE
Address: 1843 US 27, N
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: KING, GARY
Address: 501 S. CRANE ST.
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: GORDON, CARTER
Address: PO BOX 1763
City-St-Zip: SEBRING, FL 338711763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIKE, SECOR
Address: 1913 PINE KEY BLVD.
City-St-Zip: SEBRING, FL 33870 US

Title: VP (X) Change () Addition
Name: JAMES, THOMAS E
Address: 3131 LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

Title: VP (X) Change () Addition
Name: ANDRE, DE LESTANG
Address: 86 CHARLES ST.
City-St-Zip: FROSTPROOF, FL 33843

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 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: AL MORETZ

EO

01/04/2008

Electronic Signature of Signing Officer or Director

Date