

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2009  
Secretary of State**

DOCUMENT# 735000

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: MIKE, SECOR  
Address: 1913 PINE KEY BLVD.  
City-St-Zip: SEBRING, FL 33870 US

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

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

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

E O

03/19/2009

\_\_\_\_\_  
Date