

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90192 021 \*\*\*\*61.25

**DOCUMENT # 735897**

1. Entity Name

**HIGHLANDS ASSOCIATION OF REALTORS, INC.**



Principal Place of Business

**815 US 27 SOUTH  
SEBRING FL 33870  
US**

Mailing Address

**815 US 27 SOUTH  
SEBRING FL 33870  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1684961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARINE, DEBRA A  
815 US 27 SOUTH  
SEBRING FL 33870**

Name **ARIANNA JORDAN BURKE**

Street Address (P.O. Box Number is Not Acceptable)

**815 US 27 South**

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 *Arianna Jordan Burke*, **ARIANNA JORDAN BURKE, Association EXEC.** **3-31-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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          | <b>D</b>                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BOCK, TERESA</b>       |  |
| STREET ADDRESS | <b>2617 U.S. 27 SOUTH</b> |  |
| CITY-ST-ZIP    | <b>SEBRING FL 33810</b>   |  |
| TITLE          | <b>DPE</b>                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CARTER, RONNIE T</b>   |  |
| STREET ADDRESS | <b>1843 US 27 SOUTH</b>   |  |
| CITY-ST-ZIP    | <b>SEBRING FL 33870</b>   |  |
| TITLE          | <b>DVP</b>                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CARTER, RONNIE</b>     |  |
| STREET ADDRESS | <b>1843 US 27 SOUTH</b>   |  |
| CITY-ST-ZIP    | <b>SEBRING FL 33870</b>   |  |
| TITLE          | <b>DS</b>                 | <input type="checkbox"/> Delete            |
| NAME           | <b>SOWARDS, ERIN</b>      |  |
| STREET ADDRESS | <b>809 US 27 SOUTH</b>    |  |
| CITY-ST-ZIP    | <b>SEBRING FL 33870</b>   |  |
| TITLE          | <b>DT</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JONES, SUSAN</b>       |  |
| STREET ADDRESS | <b>1167 US 27 SOUTH</b>   |  |
| CITY-ST-ZIP    | <b>SEBRING FL 33870</b>   |  |
| TITLE          | <b>AE</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MARINE, DEBRA A</b>    |  |
| STREET ADDRESS | <b>809 US 27 SOUTH</b>    |  |
| CITY-ST-ZIP    | <b>SEBRING FL 33870</b>   |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CARTER, RONNIE T</b>      |  |
| STREET ADDRESS | <b>1843 US 27 South</b>      |  |
| CITY-ST-ZIP    | <b>SEBRING, FL 33870</b>     |  |
| TITLE          | <b>DPE</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CARTER, PERRY W</b>       |  |
| STREET ADDRESS | <b>1843 US 27 South</b>      |  |
| CITY-ST-ZIP    | <b>SEBRING, FL 33870</b>     |  |
| TITLE          | <b>DVP</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BOCK, TERESA</b>          |  |
| STREET ADDRESS | <b>2617 US 27 South</b>      |  |
| CITY-ST-ZIP    | <b>SEBRING, FL 33870</b>     |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>DT</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>WOOD, JAMES W, JR</b>     |  |
| STREET ADDRESS | <b>1000-A W. MAIN Street</b> |  |
| CITY-ST-ZIP    | <b>AVON PARK, FL 33825</b>   |  |
| TITLE          | <b>A.E.</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BURKE, ARIANNA J.</b>     |  |
| STREET ADDRESS | <b>815 US 27 SOUTH</b>       |  |
| CITY-ST-ZIP    | <b>SEBRING, FL 33870</b>     |  |

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:

*Arianna Jordan Burke*

**3-31-03 863-385-6014**

CR2E037 (10/02)