

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738446

FILED
Feb 09, 2004
Secretary of State**Entity Name:** HIGHLANDS PARK VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**1317 COLUMBUS STREET
LAKE PLACID, FL 33852 US**New Principal Place of Business:****Current Mailing Address:**1317 COLUMBUS STREET
LAKE PLACID, FL 33852 US**New Mailing Address:****FEI Number:** 59-0236362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLAY, TED N
509 LAKESIDE DR.
LAKE PLACID, FL 33852 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:** D () Delete
Name: GAVAGNI, RICHARD
Address: 1609 BRADLEY AVENUE
City-St-Zip: LAKE PLACID, FL 33852**Title:** PD () Delete
Name: CLAY, TED N
Address: 509 LAKESIDE DR
City-St-Zip: LAKE PLACID, FL 33852**Title:** TSD () Delete
Name: GAVAGNI, LIL
Address: 1609 BRADLEY AVE
City-St-Zip: LAKE PLACID, FL 33852**Title:** VP () Delete
Name: SARNI, MASSIMO
Address: 22 FREEDOM WAY
City-St-Zip: LAKE PLACID, FL 33852**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TED N. CLAY

PD

02/09/2004

Electronic Signature of Signing Officer or Director

Date