2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 738446

1. Entity Name
HIGHLANDS PARK VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1317 COLUMBUS STREET LAKE PLACID, FL 33852 US	1317 COLUMBUS STREET LAKE PLACID, FL 33852 US

07282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-0236362

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAVAGNI, RICHARD W
1609 BRADLEY AVE
LAKE PLACID, FL 33852

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAVAGNI, RICHARD
STREET ADDRESS	1609 BRADLEY AVENUE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	CLAY, TED N
STREET ADDRESS	509 LAKESEDGE DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	TSD
NAME	GAVAGNI, LIL
STREET ADDRESS	1609 BRADLEY AVE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	BONETT, JOE
STREET ADDRESS	404 BOTTLE BRUSH
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/08/08-80002-022 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lil Gavagni LIL GAVAGNI 8/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #