

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90348 043 \*\*\*\*61.25

**DOCUMENT # 768453**

1. Entity Name

HIGHLANDS COUNTY TENNIS ASSOCIATION, INC.



Principal Place of Business

4408 SEBRING AVE  
SEBRING FL 33872  
US

Mailing Address

P.O. BOX 1408  
SEBRING FL 33871  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2453271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FULCHER, LYNDA  
4115 LOQUAT  
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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**  
**Due By May 1, 2005**

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

TITLE PD  
NAME FULCHER, ROBERT ☒ Delete  
STREET ADDRESS 4408 SEBRING AVE  
CITY-ST-ZIP SEBRING FL 33872

TITLE VPD  
NAME RAFFERTY, MIKE ☒ Delete  
STREET ADDRESS 302 EAGLE AVE  
CITY-ST-ZIP SEBRING FL 33872

TITLE TD  
NAME FULCHER, LYNDA ☐ Delete  
STREET ADDRESS 4115 LOQUAT  
CITY-ST-ZIP SEBRING FL 33872

TITLE SD  
NAME BENTZ, CAROL ☒ Delete  
STREET ADDRESS 2843 MEADOWWOOD LN  
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES: ☐ Change ☐ Addition  
NAME Jason Heacock  
STREET ADDRESS 904 Galaxy Ave  
CITY-ST-ZIP Sebring, FL 33875

TITLE V-PRES: ☐ Change ☐ Addition  
NAME ROWE, GRANT  
STREET ADDRESS 751 ENTRADA AVE  
CITY-ST-ZIP SEBRING, FL 33875

TITLE TREAS: ☐ Change ☐ Addition  
NAME Fulcher, Lynda  
STREET ADDRESS 4115 Loquat Rd  
CITY-ST-ZIP SEBRING, FL 33875

TITLE SEC: ☐ Change ☐ Addition  
NAME Drummond, Eilyn  
STREET ADDRESS 4818 Mercado Dr.  
CITY-ST-ZIP Sebring, FL 33872

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lynda Fulcher, Treasurer*

4/22/05

(863) 421-0389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #