

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90084 009 \*\*\*\*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**

40091227



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2453271**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FULCHER, LYNDA  
4115 LOQUAT  
SEBRING, FL 33872**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 P ☒ Delete  
NAME HEACOCK, JASON  
STREET ADDRESS 904 GALAXY AVE  
CITY-ST-ZIP SEBRING, FL 33875

TITLE P ☐ Change ☒ Addition  
NAME BOBBY FULCHER  
STREET ADDRESS 4408 SEBRING AVE  
CITY-ST-ZIP SEBRING, FL 33875

TITLE V ☒ Delete  
NAME GRANT, ROWE  
STREET ADDRESS 751 ENTRADA AVE  
CITY-ST-ZIP SEBRING, FL 33875

TITLE VP ☐ Change ☒ Addition  
NAME WES HOHAN  
STREET ADDRESS 5234 LeFayette Ave  
CITY-ST-ZIP SEBRING, FL 33875

TITLE T ☐ Delete  
NAME FULCHER, LYNDA  
STREET ADDRESS 4115 LAQUANT RD  
CITY-ST-ZIP SEBRING, FL 33872

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

TITLE S ☒ Delete  
NAME DRUMMOND, ELLYN  
STREET ADDRESS 4818 MERCADO DR  
CITY-ST-ZIP SEBRING, FL 33872

TITLE S ☐ Change ☒ Addition  
NAME Jackie Lyons  
STREET ADDRESS 3839 Edgewood Dr.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

863/471-0389

Daytime Phone #