

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

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**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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]
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FULCHER, BOBBY
4408 SEBRING AVE
SEBRING, FL 33875**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOLLAN, WES
5234 LAFAYETTE AVE
SEBRING, FL 33875**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LYONS, JACKIE
3839 EDGEWATER DR
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000702795
04/20/07-80113-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863/421-0389
Daytime Phone #