

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90346 013 ****70.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.**

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, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP**

**P
FULCHER, BOBBY
4408 SEBRING AVE
SEBRING, FL 33875**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**VP
HOLLAN, WES
5234 LAFAYETTE AVE
SEBRING, FL 33875**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**T
FULCHER, LYNDA
4115 LAQUANT RD
SEBRING, FL 33872**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**S
LYONS, JACKIE
3839 EDGEWATER DR
SEBRING, FL 33870**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

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: *lynna* **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 863/471-0389
Date Daytime Phone #