

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G78379

1. Entity Name
HIGHLANDS HEALTH & RACQUET CLUB, INC.



Principal Place of Business
2400 S. HIGHLANDS AV.
SEBRING, FL 33870

Mailing Address
2400 S. HIGHLANDS AV.
SEBRING, FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GILBERT, ROBERT D.
224 N.W. LAKEVIEW DRIVE
SEBRING, FL 33870

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: Ann B Gilbert

Ann B. Gilbert

12-30-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILBERT, ROBERT D.
STREET ADDRESS 224 NW LAKEVIEW DR
CITY - ST - ZIP SEBRING, FL ☐ Delete

TITLE S
NAME GILBERT, ANN B
STREET ADDRESS 224 NW LAKEVIEW DR
CITY - ST - ZIP SEBRING, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME Gilbert Robert D
STREET ADDRESS 4130 LAKEVIEW DR
CITY - ST - ZIP SEBRING, FL 33870
12-30-06 **150.00

TITLE ☐ Change ☐ Addition
NAME Gilbert Ann B.
STREET ADDRESS 4130 Lakeview Dr
CITY - ST - ZIP Sebring, FL 33870

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

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

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 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 607, 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: Ann B. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-06 863-385-7282

FILED

2007 JAN -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082006 REIN-P CR2E098 (11/05)

4. FEI Number 59-2377083 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

11500