

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006696

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: HIGHLANDS SOFTBALL, INC.

**Current Principal Place of Business:**

403 TULANE CIRCLE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

403 TULANE CIRCLE  
AVON PARK, FL 33825

**New Mailing Address:**

FEI Number: 65-1143827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOBOZZO, JAMES V JR  
230 SOUTH COMMERCE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GRILL, JOHN  
Address: 403 TULANE CIRCLE  
City-St-Zip: AVON PARK, FL 33825

Title: DV ( ) Delete  
Name: LOBOZZO, JAMES V JR  
Address: 1614 GRAMARCY AVE  
City-St-Zip: SEBRING, FL 33875

Title: DST ( ) Delete  
Name: BELL, HARRY  
Address: 4343 SCHUMACHER ROAD -176  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: CREECH, TODD  
Address: 4806 COOPER DR  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: ANDERSON, PETER  
Address: 5931 HAMMOCK ROAD  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES V. LOBOZZO, JR.

DV

03/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date