

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

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N01079

1. Entity Name

HIGHLANDER IV AT PLACID LAKES COMMUNITIES
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

254 PINE FOREST DR
UNIT 2
LAKE PLACID, FL 33852 US

Mailing Address

254 PINE FOREST DR.
SILER CITY, NC 27344 US



01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2374422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAWYER, NINA S.
5463 PLACID LAKE BLVD
LAKE PLACID, FL 33852

**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, 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**

U00000809134

02/08/08-80010-004 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAWYER, DENNIS H.
STREET ADDRESS 5463 PLACID LAKE BLVD
CITY-ST-ZIP LAKE PLACID, FL

TITLE S
NAME SAWYER, NINA S
STREET ADDRESS 254 PINE FOREST DR
CITY-ST-ZIP SILER CITY, NC 27344

TITLE VD
NAME BREWER, JACK
STREET ADDRESS 398 PINE COURT DR
CITY-ST-ZIP SILER CITY, NC 27344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-08 914-742-3736