

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90081 041 ****61.25

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1. Entity Name
**HIGHLANDS CROSSING SUBDIVISION, PHASE 1,
PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 159
HIGHLAND CITY, FL 33846**

Mailing Address
**PO BOX 159
HIGHLAND CITY, FL 33846**

30021410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
03-0392121

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESMOND, GARY, JAMES
6319 PROMINENCE POINT DRIVE
LAKELAND, FL 33813**

Name **Regan, Billy Charles**

Street Address (P.O. Box Number is Not Acceptable)

6243 Highland Rise Drive

City **Lakeland**

FL

Zip Code
33813

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

Billy Charles Regan

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, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
LAMBERT, DAVID
6275 HIGHLAND RISE DRIVE
LAKELAND, FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
JACKSON, BERNIE
6327 PROMINENCE POINT DRIVE
LAKELAND, FL 33813** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
DESMOND, GARY
6319 PROMINENCE POINT DRIVE
LAKELAND, FL 33813** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
RAEBIG, BILL
3636 WELSCH WAY
LAKELAND, FL 33813** ☒ 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 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D Terri mahoney
3629 Welch Way
Lakeland, FL 33813** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D Billy Regan
6243 Highland Rise Drive
Lakeland, FL 33813** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D June Parrish
3642 Welch Way
Lakeland, FL 33813** ☐ Change ☒ Addition

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

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 exemption stated in Section 119.07(3)(i), 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.