

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90314 023 ****61.25

DOCUMENT # N02000006928

1. Entity Name
HIGHLAND CREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**4110 S. FLORIDA AVE.
LAKELAND, FL 33813**

Mailing Address
**4110 S. FLORIDA AVE.
LAKELAND, FL 33813**

50024878

2. Principal Place of Business

3. Mailing Address

3020 S Florida

3020 S Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Lakeland FL

Lakeland FL

Zip

Country

Zip

Country

33803 USA

33803 USA

01182005

Chg-NP

CR2E037 (10/03)

4. FEI Number

54-2080985

Applied For

Not Applicable

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

**ADAMS, ROBERT J
4110 S. FLORIDA AVE.
LAKELAND, FL 33813**

Name

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

3020 S. Florida - Suite 101

City

Lakeland

FL

Zip Code 33803

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.

Robert J Adams, Reg Agent 1/18/05

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, D. JOEL	
STREET ADDRESS	4110 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT J	
STREET ADDRESS	4110 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, BRIAN	
STREET ADDRESS	4110 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3020 S. Florida, Ste 101	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3020 S. Florida, Ste 101	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3020 S. Florida, Ste 101	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. JOEL ADAMS, PRES

1/18/05 (803) 619-7103

Date

Daytime Phone #