

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90031 043 ****61.25

DOCUMENT # N02000006928 1. Entity Name HIGHLAND CREST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3020 S FLORIDA SUITE 101 LAKELAND, FL 33803			Mailing Address 3020 S FLORIDA SUITE 101 LAKELAND, FL 33803		
2. Principal Place of Business <i>912 Highland Crest Cir</i> Suite, Apt. #, etc.		3. Mailing Address <i>912 Highland Crest Cir</i> Suite, Apt. #, etc.			
City & State <i>Lake Wales FL</i>		City & State <i>Lake Wales FL</i>		4. FEI Number 54-2080985	
Zip <i>33853</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, ROBERT J 3020 S FLORIDA SUITE 101 LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name <i>Stephanie Chambers</i> Street Address (P.O. Box Number is Not Acceptable) <i>725 Highland Crest Loop</i> City <i>Lake Wales</i> FL Zip Code <i>33853</i>	
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 <i>Stephanie B. Chambers</i> <i>Stephanie B. Chambers</i> 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, D. JOEL <input checked="" type="checkbox"/> Delete 3020 S FLORIDA, STE 101 LAKELAND, FL 33803			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Hlas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 912 Highland Crest Cir Lake Wales FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J <input checked="" type="checkbox"/> Delete 3020 S FLORIDA, STE 101 LAKELAND, FL 33803			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Stephanie Chambers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 Highland Crest Loop Lake Wales FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, BRIAN <input checked="" type="checkbox"/> Delete 3020 S FLORIDA, STE 101 LAKELAND, FL 33803			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>William Hlas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>2/6/2006</i> Daytime Phone # <i>863-678-3935</i>	