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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02836 (7)

1. Corporation Name
HIGHLANDS COUNTY HOMEOWNERS EXECUTIVE BOARD, INC

Principal Place of Business	Mailing Address
7700 GRANADA RD. SEBRING FL 33870 US	7700 GRANADA RD. SEBRING FL 33870 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1984
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2897714 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 235 BRIGHTON RD
22: Suite, Apt. #, etc.
23: City & State: SEBRING, FL
24: Zip: 33870 25: Country

2a. Mailing Address
26: 235 BRIGHTON RD
27: Suite, Apt. #, etc.
28: City & State: SEBRING, FL
29: Zip: 33870 30: Country

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL
7700 GRANADA ROAD
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: SHERWOOD, BRUCE
82 Street Address (P.O. Box Number is Not Acceptable): 235 BRIGHTON RD
83:
84 City: SEBRING FL 85 Zip Code: 33870

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: x Bruce Sherwood — Signature, type or printed name of registered agent and title if applicable
BRUCE SHERWOOD, CHAIRMAN/DIRECTOR — (NOTE: Registered Agent signature required when reinstating)
DATE: 2/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	1.2 NAME	SHERWOOD, BRUCE
STREET ADDRESS	7700 GRANADA ROAD	1.3 STREET ADDRESS	235 BRIGHTON RD
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VPD	2.1 TITLE	VCD ☒ Change ☐ Addition
NAME	LINDSAY, ROBERT	2.2 NAME	LINDSAY, ROBERT
STREET ADDRESS	8032 GRANADA RD.	2.3 STREET ADDRESS	8032 GRANADA RD
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VP	3.1 TITLE	VCD ☒ Change ☐ Addition
NAME	HEBERLING, CURT	3.2 NAME	ASKEW, PHIL
STREET ADDRESS	3937 THUNDERBIRD HILL CIRCLE	3.3 STREET ADDRESS	236 LIME RD NW
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	TD	4.1 TITLE	TREASURER ☐ Change ☐ Addition
NAME	TEMPLE, MARION	4.2 NAME	
STREET ADDRESS	2400 JAY AVENUE	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	PROBST, T. RICHARD	5.2 NAME	LATHROP, ADDIE
STREET ADDRESS	332 OAK KNOLLS CIRCLE	5.3 STREET ADDRESS	3014 BEECH ST
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Robert Lindsay ROBERT LINDSAY 2/13/95 813/655-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018100