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FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02836 (7)

1. Corporation Name

HIGHLANDS COUNTY HOMEOWNERS EXECUTIVE BOARD, INC



Principal Place of Business

Mailing Address

235 BRIGHTON RD  
SEBRING FL 33870  
US235 BRIGHTON RD  
8  
SEBRING FL 33870-1467  
US

2. Principal Place of Business

2a. Mailing Address

21 LAKE PLACID

26 236 LIME RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LAKE PLACID, FLORIDA

27

City &amp; State

City &amp; State

23

Zip

Country

24 33852

25

U.S.

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/01/1984

3a. Date of Last Report

02/16/1996

4. FEI Number

59-2897714

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERWOOD, BRUCE  
235 BRIGHTON RD  
SEBRING FL 33870

81 Name

ASKEW, PHIL

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

236 LIME RD. N.W.

83

84 City

LAKE PLACID

FL

85 Zip Code

33852

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Phil R. Askeew*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETENAME SHERWOOD, BRUCE  
STREET ADDRESS 235 BRIGHTON RD  
CITY-ST-ZIP SEBRING FLTITLE VCD ☒ DELETENAME ASKEW, PHIL  
STREET ADDRESS 236 LIME RD NW

CITY-ST-ZIP LAKE PLACID FL

TITLE T ☐ DELETENAME TEMPLE, MARION  
STREET ADDRESS 2400 JAY AVENUE  
CITY-ST-ZIP SEBRING FLTITLE SD ☐ DELETENAME LATHROP, ADDIE  
STREET ADDRESS 3014 BEECH ST  
CITY-ST-ZIP LAKE PLACID FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

ASKEW, PHIL

1.2 NAME

ASKEW, PHIL

1.3 STREET ADDRESS

236 LIME RD, N.W.

1.4 CITY-ST-ZIP

LAKE PLACID, FL 33852

2.1 TITLE

VICE CHAIRMAN

2.2 NAME

HANCOCK CARL

2.3 STREET ADDRESS

6233 THOMAS TERRACE

2.4 CITY-ST-ZIP

SEBRING, FL 33870

3.1 TITLE

TREASURER

3.2 NAME

TEMPLE, MARION

3.3 STREET ADDRESS

2400 Jay Avenue

3.4 CITY-ST-ZIP

Sebring FL 33852

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 1 or Block 2 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1-13-97

941-465-3521

CR2E037 (9/96)