### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N02836**

2. Principal Place of Business

City & State

Highlands County Suite, Apt. #, etc.

### HIGHLANDS COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3011	P.O. BOX 3011
LAKE PLACID FL 33862	Lake Placid FL 33862
US	US

2a. Mailing Address

27

Suite, Apt. #, etc.

City & State

# **FILED** Mar 06, 1999 8:00 am Secretary of State

182006 - 90086 - 43 6 \*

Applied For

\$8.75 Additional

Not Applicable

03-06-1999 90086 043 \*\*\*\*61.25

- O TODATORE NEL ANTON ELANT ENERA LELEN NEL ALRES ALNES ALNES ALRES ALRES ALRES ALRES ALRES ES AL		

 $\Box$ 

3. Date incorporated or Qualifed

5. Certificate of Status Desired

05/01/1984

59-2897714

4. FEI Number

23		28				ree Neg	lanea
Zip	Country	Zip		ountry	6. Election Campaign Financing	\$5.00 N	May Be
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered A	Agent		10. Name and Address of New Regi	istered Agent	
	<del>-</del>			81 Name	Ralph Colon		
ASKEW, P	PHIL			82 Street A	ddress (P.O. Box Number is Not Acceptable	)	
236 LIME	RD NW				- 3625 Grand Prix Drive		
LAKE PLA	CID FL 33852			83	,		
				84 City	Sebring	FL 85 Zip,C	272
11 Durament	to the provisions of Sections 617.0502	nd 617 150	R Florida Statutes the	above-named o	corporation submits this statement for the pur		registered
office or o	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Suc	h change was authoriz	ed by the corpor	ration's board of directors. I hereby accept th	e appointment as reg	istered
	Kalse G	L	Ra	Lph Color	1.	1169	
SIGNATURE	Signature	Α	(NOTE: Register	_f	quired when reinstating)	DATE	
12.		1	1:	3.	Chair ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
TITLE	C Ralph- This a ASKE 236! Acturned - need LAKE VC Signature her TRAN 9 N. Hesse mail a	امعا	A DELETE 1.1	TITLE	olon, Ralph	☐ Change	Addition
NAME	ASKE	}	1.2	NAME \$	625 Grand Prix Drive		••
STREET ADDRESS	2361 Juturned - need	₹ /	1.3	STREET ADORESS	ebning, Fl. 33872		
CITY-ST-ZIP	LAKE	/	1.4	CHY-SI-ZIP			
TITLE	VC Signature ne	w	DELETE 2.1		Vice President	☐ Change	Addition
NAME	TRAN_ U		2.2		JONES, LaVerne		
STREET ADDRESS	9N. Please maul c	check	2.3	STREET ADDRESS	1723 Third St		
CITY-ST-ZIP	SEBF		P	4 CITY-ST-ZIP	<u>Lake Placidd, Fl. 33852</u>		
TITLE	S		DELETE 3.1		Sec-Treas.	🔄 Change .	Addition
NAME	LATHROP, ADELINE M		3.2	NAME	CLARE, Maryel		
STREET ADDRESS	3014 BEECH STREET		3.3	STREET ADDRESS	101 Órange Rd. NW Lake Placid, Fl. 33852		
CITY-ST-ZIP	LAKE PLACID FL 33852				Lake Placid, Fl. 33852		- 1 + 4-00°
TITLE	D		DELETE 4.1	TITLE	,	Change	Addition
NAME	OWEN, HAROLD		4.1	2 NAME			
STREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			T Addition
TITLE	D			TITLE		☐ Change	Addition
NAME	TREGO, BILL		1	NAME			
STREET ADDRESS			1	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			
TITLE	D			TITLE		Change	☐ Addition
NAME	WHITESIDES, VAUGHN		6.2	NAME	• ′ .		
OTDEET ADDDESS	514 COTTONWOOD DRIVE		6.3	STREET ADDRESS			

SEBRING FL 33872 14. 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 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 if changed or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

RFQUIR Ralph Colon