## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # NO2836 1. Entity Name 2-28-2001 90074 014 \*\*\*\*61.25 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 626988 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2897714 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wilson Elliott Street Address (P.O. Box Number is Not Acceptable) COLON, RALPH 1860 Avon Estates Blvd. 3625 GRAND PRIX DR SEBRING FL 33872 City Zip Code 33825 Avon Park 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. /8/2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Addition TITI F ☐ Delete Chairman COLON, RALPH NAME NAME Wilson Elliott STREET ADDRESS 3625 GRAND PRIX DR STREET ADDRESS 1860 Avon Estates Blvd. CITY-ST-ZIE CITY-ST-ZIP SEBRING FL 33872 Avon Park, Fl, 33825 X Change ☐ Addition TIT! F ☐ Delete TITLE Vice-Chairman JONES, LAVERRNE NAME Ralph Colon NAME STREET ADDRESS STREET ADDRESS 1723 THIRD ST 3625 Grand Prix Dr. CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 33872 Sebring, Fl. Change ☐ Addition ST Secretary TITLE ☐ Delete TITLE MARYEL, CLARE Adeline M. Lathrop NAME NAME STREET ADDRESS 3014 Beech St. STREET ADDRESS 101 ORANGE RD NW CITY-ST-ZIF CITY-ST-ZIP LAKE PLACID FL 33852 Lake Placid, F1. 33852 X Change ☐ Addition ☐ Delete TITLE Treasurer TITLE OWEN, HAROLD NAME NAME John Baal STREET ADDRESS 139 LAKE FRANCIS DRIVE STREET ADDRESS 722 Garland Ave. CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 <u>Sebring, F1. 33875</u> Change ☐ Addition ☐ Delete TITLE TITLE TREGO, BILL NAME NAME STREET ADDRESS STREET ADDRESS 1607 FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Change ☐ Addition TITLE TITLE Delete WHITESIDES, VAUGHN NAME NAME STREET ADDRESS STREET ADDRESS 514 COTTONWOOD DRIVE CITY-ST-7IP CITY-ST-ZIP SEBRING FL 33872

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:

Son SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/8/2001

863-453-2112

Daytime Phone # Date

E037 (10/00)