

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02836

1. Entity Name

HIGHLANDS COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 3011
LAKE PLACID FL 33862
US

Mailing Address

P.O. BOX 3011
LAKE PLACID FL 33862
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2897714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, WILSON
1860 AVON ESTATES BLVD
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name Jack Richie
Street Address (P.O. Box Number is Not Acceptable) 131 Temptation Court
City Lake Placid FL Zip Code 33852

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.

SIGNATURE Jack Richie *Jack L. Richie*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE C	NAME ELLIOTT, WILSON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1860 AVON ESTATES BLVD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE VC	NAME COLON, RALPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3625 GRAND PRIX DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE S	NAME LATHROP, ADELINE M	<input type="checkbox"/> Delete
STREET ADDRESS	3014 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE T	NAME BAAL, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	722 GARLAND AVE	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE D	NAME TREGO, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1607 FOURTH STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE D	NAME WHITESIDES, VAUGHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	514 COTTONWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C	NAME Jack Richie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	131 Temptation Court	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE VC	NAME Lowell Ballas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	500 Lake Francis Road	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE T	NAME Adeline M. Lathrop	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3014 Beech Street	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE D	NAME Patricia Stange	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2917 Monza Drive	
CITY-ST-ZIP	Sebring, Fl. 33872	
TITLE D	NAME Phil Askew	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	236 Lime Drive	
CITY-ST-ZIP	Lake Placid, Fl. 33852	

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: Jack Richie *Jack L. Richie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90120 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)