


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90024 050 ****61.25

| | | |
|--|--|---|
| DOCUMENT # N02836 | |  |
| 1. Entity Name HIGHLANDS COUNTY HOMEOWNERS ASSOCIATION, INC. | | |

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

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|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

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|------------------------------------|--|
| 4. FEI Number 59-2897714 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent RICHEL, JACK 131 TEMPTATION COURT LAKE PLACID FL 33852 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| C RICHEL, JACK 131 TEMPTATION COURT LAKE PLACID FL 33852 | | | |
| VC BALLAS, LOWELL 500 LAKE FRANCIS ROAD LAKE PLACID FL 33852 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D SHEETS, CAROL 4 QUAIL ROOST LAKE PLACID FL 33852 | <input checked="" type="checkbox"/> Delete | D PATRICIA STRANGE 2917 MONZA DR SEBRING FL 33872-2010 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| T LATHROP, ADELINE M 3014 BEECH STREET LAKE PLACID FL 33852 | <input checked="" type="checkbox"/> Delete | T HUNN, GORDON E 10 FAWN RUN RD LAKE PLACID, FL 33852 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D RENISH, KEITH 4305 VANTAGE CIRCLE SEBRING FL 33872 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D ASKEW, PHIL 236 LIME DRIVE LAKE PLACID FL 33852 | <input checked="" type="checkbox"/> Delete | D RICHARD REARNEY 3008 45th ST LAKE PLACID, FL 33852 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Gordon E. Hunn* **GORDON E. HUNN** 2/19/04 863-465-3783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #