


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90091 026 \*\*\*\*61.25

<b>DOCUMENT # N02836</b>		
1. Entity Name <b>HIGHLANDS COUNTY HOMEOWNERS ASSOCIATION, INC.</b>		

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2897714</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>RICHE, JACK</b> <b>131 TEMPTATION COURT</b> <b>LAKE PLACID, FL 33852</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHE, JACK</b>	NAME	
STREET ADDRESS	<b>131 TEMPTATION COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLAS, LOWELL</b>	NAME	
STREET ADDRESS	<b>500 LAKE FRANCIS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRANGE, PATRICIA</b>	NAME	
STREET ADDRESS	<b>2917 MONZA DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNN, GORDEAN E</b>	NAME	
STREET ADDRESS	<b>10 FAWN RUN ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WISEMAN, CHARLES</b>	NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>1638 FIFTH STREET</b>	STREET ADDRESS	<b>RICK INGLES</b>
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	CITY-ST-ZIP	<b>313 SPOONBILL DR.</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<b>SEBRING FL 33875</b>
NAME	<b>REANEY, RICHARD</b>	NAME	
STREET ADDRESS	<b>3008 ASH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	<i>[Signature]</i> <b>GORDEAN E. HUNN</b>	Date	<b>4/4/07</b>	Daytime Phone #	<b>863-465-3783</b>
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