

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02836

FILED
Apr 16, 2009
Secretary of State

Entity Name: HIGHLANDS COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3011
LAKE PLACID, FL 33862 US

New Principal Place of Business:

131 TEMPTATION CT
LAKE PLACID, FL 33862 US

Current Mailing Address:

P.O. BOX 3011
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2897714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RICHIE, JACK
131 TEMPTATION COURT
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RICHIE, JACK
Address: 131 TEMPTATION COURT
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: LOWELL, BALLAS
Address: 500 LAKE FRANCIS RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: STRANGE, PATRICIA
Address: 2917 MONZA DR
City-St-Zip: SEBRING, FL 33872

Title: T () Delete
Name: HUNN, GORDEAN E
Address: 10 FAWN RUN ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: VCH () Delete
Name: INGLER, RICK
Address: 313 SPOONBILL DR
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: REANEY, RICHARD
Address: 3008 ASH ST
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICHIE, JACK
Address: 131 TEMPTATION COURT
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: REESE, GENE
Address: 3046 MORING GLORY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: LEE, ROLAND
Address: 2871 N LOWELL RD
City-St-Zip: AVON PARK, FL 33825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDEAN E HUNN, TREASURER

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date