

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000011074**

1. Entity Name  
**HIGHWAY 70 PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**105 S BREVARD AVE  
ARCADIA, FL 34266**

Mailing Address

**105 S BREVARD AVE  
ARCADIA, FL 34266**

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**20-2937908**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALDRON, EUGENE E JR  
124 N BREVARD AVE  
ARCADIA, FL 34266**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPT  
TURNER, EUGENE H JR  
PO BOX 789  
ARCADIA, FL 34265**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
DOBLE, CHARLES  
1343 MAIN ST SUITE 400  
SARASOTA, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
TOBIN, JAY L  
6820 LBJ FREEWAY  
DALLAS, TX 75240**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000680651  
04/04/07-80010-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/21/07 (863) 494-4777**