

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009825

FILED
Jan 06, 2012
Secretary of State

Entity Name: HIGHLANDS COUNTY DART ASSOCIATION INC.

Current Principal Place of Business:

5848 WOLF LAKE RD.
SEBRING, FL 33875

New Principal Place of Business:

5234 LIME RD
SEBRING, FL 33875

Current Mailing Address:

5848 WOLF LAKE RD.
SEBRING, FL 33875

New Mailing Address:

5234 LIME RD
SEBRING, FL 33875

FEI Number: 45-3323946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, CARRIE
5848 WOLF LAKE RD.
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

CRAWFORD, CARRIE
5234 LIME RD
SEBRING, FL 33875 US

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

01/06/2012

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: CRAWFORD, CARRIE
Address: 5234 LIME RD
City-St-Zip: SEBRING, FL 33875

Title: VP/D
Name: CRAWFORD, NATALIE
Address: 3909 US HWY 27 S
City-St-Zip: SEBRING, FL 33870

Title: T/D
Name: SOWARDS, MARCELLA
Address: 3812 PARADISE DR.
City-St-Zip: SEBRING, FL 33870

Title: D
Name: FISCELLA, RANDI
Address: 1314 KATCALANI AVE
City-St-Zip: SEBRING, FL 33870

I hereby 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 all other like empowered.

SIGNATURE: CARRIE CRAWFORD

Electronic Signature of Signing Officer or Director

P/D

01/06/2012

Date