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Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26966 (4)
1. Corporation Name
HIGH VISTA PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
1957 HIGH VISTA DRIVE 1957 HIGH VISTA DRIVE
P.O. BOX 5412 P.O. BOX 5412
LAKELAND FL 33807-2412 LAKELAND FL 33807-2412
US US

3. Date Incorporated or Qualified

06/15/1988

4. FEI Number

59-2894237

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILCICH, TIM
1936 VISTA VIEW DR
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME JONES, REX
STREET ADDRESS 1933 HIGH VISTA DR
CITY-ST-ZIP LAKELAND FL ☒ DELETE

1.1 TITLE VP
1.2 NAME MIKE CARLTON
1.3 STREET ADDRESS 1981 HIGH VISTA DRIVE
1.4 CITY-ST-ZIP LAKELAND FL 33813 ☒ Change ☐ Addition

TITLE PD
NAME PRINCE, ROBERT M.
STREET ADDRESS 1970 HIGH VISTA DR.
CITY-ST-ZIP LAKELAND FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME MATTHEWS, JOHN
STREET ADDRESS 1928 VISTA VIEW DR
CITY-ST-ZIP LAKELAND FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TSD
NAME MILCICH, TIM
STREET ADDRESS 1936 VISTA VIEW DR.
CITY-ST-ZIP LAKELAND FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy P. Milcich* *Timothy P. Milcich - Treas* 3/21/98
741-687-2125

CR2E037 (10/97)