FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

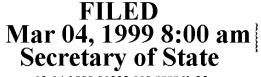
1999 **DOCUMENT # N26966**

City & State

HIGH VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address 1957 HIGH VISTA DRIVE P.O. BOX 5412 LAKELAND FL 33807-2412 US				
1957 HIGH VISTA DRIVE P.O. BOX 5412 LAKELAND FL 33807-2412 US					
Principal Place of Business 1	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

City & State



03-04-1999 90232 009 ****61.25



3. Date incorporated or Qualifed

06/15/1988 4. FEI Number

59-2894237

_ City & Stat	е	City & State			5. Certifcate of Status Desired		φ0.73 A	
23							Fee Required	
Zip	Country	Zíp	Country		6. Election Campaign Financing		\$5.00	• •
24	25	1 -	30	·	Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current F	Registered Agent		l Name	10. Name and Address of New R	egisterea /	Agent	
			81	Name				
MILCICH, TIM			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
1936 VISTA VIEW DR								
LAKELAND) FL 33813		83	1				
			84	City	<u> </u>	FL	85 Zip C	ode
office or r	to the provisions of Sections 617.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was au	thorized by	the corporatio	oration submits this statement for the in's board of directors. I hereby accep	purpose of the appoir	changing its r ntment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent a	AUTE S	Posietand Asa	nt signature required	(when reinstating)	DATE		
12.	OFFICERS AND		13.	··· affining technics	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	VP STREET	☐ DELETE	1.1 TITLE				Change	Addition
NAME	CARLTON, MIKE		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-S	ST-ZIP				,
TITLE	PD	☐ DELĒTE	2.1 TITLE				☐ Change	☐ Addition
NAME	PRINCE, ROBERT M.		2.2 NAME					
	1970 HIGH VISTA DR.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAKELAND FL		2. 4 CiTY-	ST-ZIP				
TITLE	ST	DELETE	3.1 TITLE				Change	noitibhA 🗔
NAME	WATKINS, JOHN		3.2 NAME					
STREET ADDRESS	4000 100T4 100H 00		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-1	ST-ZIP				
TITLE	TSD	☐ DELETE	4.1 TITLE				Change	Addition
NAME	MILCHICH, TIM		4. 2 NAME					3
STREET ADDRESS	4000 100T4 1854 55		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAKELAND FL		4.4 CiTY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			,	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5,4 CITY-5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADORESS				•
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I	further cert	tify that the in	formation

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, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable \$8.75 Additional