

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N31542** (6)
1. Corporation Name
HIGH RIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 1842 **PO BOX 1842**
KEYSTONE HEIGHTS FL 32656 **KEYSTONE HEIGHTS FL 32656**
US **US**

3. Date Incorporated or Qualified **04/06/1989** 3a. Date of Last Report **03/13/1995**
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

GREEN, LLOYD A.
R.R. 335 S.E. LAKEVIEW
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOWLE, MARTHA	
STREET ADDRESS	6378 ALLIANCE AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TOOMBS, CARL	
STREET ADDRESS	6320 TULANE AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEWITT, CLEOPHUS	
STREET ADDRESS	6408 SWARTHMORE DR.	
CITY-ST-ZIP	LAKE GENEVA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOOMBS, DARLENE	
STREET ADDRESS	6320 TULANE AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, PERCY	
STREET ADDRESS	6305 DENNISON AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Jimmy Jowers
2.4 CITY-ST-ZIP	7167 Purdue Street Keystone Heights, Fl. 32656
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Carl Toombs
3.4 CITY-ST-ZIP	6320 Tulane Ave. Keystone Heights, Fl. 32656
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	Missy Stokes
5.4 CITY-ST-ZIP	6393 Auburn Ave. Keystone Heights, Fl. 32656
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Martha Towle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (352) 473-7630

Date Daytime Phone #

CR2E037 (12/95)