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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90135 046 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31542**

1. Corporation Name

**HIGH RIDGE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

PO BOX 1842  
KEYSTONE HEIGHTS FL 32656  
US

Mailing Address

PO BOX 1842  
KEYSTONE HEIGHTS FL 32656  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/06/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

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

TITLE ☒ DELETE  
NAME PD  
STREET ADDRESS TOWLE, MARTHA  
CITY-ST-ZIP 6378 ALLIANCE AVE.  
KEYSTONE HEIGHTS FL 32656

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS TOOMBS, CARL  
CITY-ST-ZIP 6320 TULANE AVE  
KEYSTONE HEIGHTS FL

TITLE ☒ DELETE  
NAME SD  
STREET ADDRESS TOOMBS, DARLENE  
CITY-ST-ZIP 6320 TULANE AVE  
KEYSTONE HEIGHTS FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS FRY, DOT  
CITY-ST-ZIP 7243 CITADEL ST  
KEYSTONE HEIGHTS FL 32656

TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS SIMPSON, PATSY A  
CITY-ST-ZIP 6414 BUCKNELL AVE  
KEYSTONE HGTS FL 32656

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME COLLEEN DAVISON  
1.3 STREET ADDRESS 6319 BAYLOR AVE  
1.4 CITY-ST-ZIP KEYSTONE HTS FL 32656

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

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME DOROTHY FUNKHOUSER  
3.3 STREET ADDRESS 6328 BELDIT AVE  
3.4 CITY-ST-ZIP KEYSTONE HTS FL 32656

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

5.1 TITLE VD ☒ Change ☐ Addition  
5.2 NAME DARLENE TOOMBS  
5.3 STREET ADDRESS 6320 TULANE AVE  
5.4 CITY-ST-ZIP KEYSTONE HTS FL 32656

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

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, with all other like empowered.

SIGNATURE:

*Colleen Davison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLLEEN DAVISON

352-473-2842

Date 1-5-98

Daytime Phone #

CR2E037 (11/98)