

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90023 003 ****61.25

DOCUMENT # N41069

1. Entity Name

HIGHLANDS COUNTY LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3619 PLACID VIEW DR
 LAKE PLACID FL 33852
 US

P O BOX 1025
 LAKE PLACID FL 33862-1025
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3040091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, MARY C
3619 PLACID VIEW DR
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	CARTER, MARY C	
STREET ADDRESS	3619 PLACID VIEW DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	CALDWELL, NELSON L JR	
STREET ADDRESS	3169 PLACID VIEW DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SECORY, GERALD	
STREET ADDRESS	637 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING F	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEACH, PEGGY	
STREET ADDRESS	204 LAKE JUNE RD	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAZLEY, BARBARA	
STREET ADDRESS	720 SEBRING SQUARE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME	Gillie Russell	
STREET ADDRESS	c/o Lake Placid Caretakers	
CITY-ST-ZIP	109 Huntley Dr. L. P. FL 33852	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Richie	
STREET ADDRESS	131 Temptation Vt.	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Dwinell	
STREET ADDRESS	36 Bald Cypress St.	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE OF CARTER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2000

Date

Daytime Phone #

C 02/23/00 10:00