2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N41069

Entity Name: HIGHLANDS COUNTY LAKES ASSOCIATION, INC.

Current Principal Place of Business:

3008 ASH STREET
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1025
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-3040091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, LINDA M
1200 DURRANCE RD.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

FLOCKE, LELAND
1052 JONQUIL STREET
LAKE PLACID, FL 33852 US

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: LELAND C. FLOCKE 03/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REANY, RICHARD
Address: 3008 ASH ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete
Name: RUGGIERO, JOHN
Address: 3 NORTH MAGNOLIA
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete
Name: CARROLL, LINDA
Address: 1200 DURRANCE RD.
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete
Name: MCCADDAM, DAVID
Address: 3000 OAK BEACH BLVD
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: FLOCKE, LELAND
Address: 1052 JONQUIL STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LELAND C. FLOCKE TD 03/12/2009
Electronic Signature of Signing Officer or Director Date