

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90060 013 *****61.25

DOCUMENT # N41069

1. Entity Name

HIGHLANDS COUNTY LAKES ASSOCIATION, INC.



Principal Place of Business

3000 ABELL RD
LAKE PLACID FL 33852
US

Mailing Address

P O BOX 1025
LAKE PLACID FL 33862
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name **LINDA M. CARROLL**
Street Address (P.O. Box Number is Not Acceptable)
3101 Tanglewyld Ave
City **LAKE PLACID** FL Zip Code **33852**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda M Carroll LINDA M CARROLL 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, MARY C	
STREET ADDRESS	3619 PLACID VIEW DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINTON, DONALD P	
STREET ADDRESS	3000 ABELL RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, JAMES	
STREET ADDRESS	3005 LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STAMM, PATSY	
STREET ADDRESS	1559 S. WASHINGTON BLVD. NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARROLL, LINDA	
STREET ADDRESS	3101 TANGLEWYLD AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS DeYoung	
STREET ADDRESS	6442 U.S. HWY 27 S.	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	D	<input checked="" 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA Worley	
STREET ADDRESS	380 E. INTERLAKE BLVD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		<input type="checkbox"/> Change <input 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: Linda M. Carroll LINDA M. CARROLL 4/28/03 863-465-3993

CR2E037 (10/02)