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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Jul 01 1996 8:00 am  
Secretary of State

DOCUMENT # **N43865**

(7)

1. Corporation Name

**HIGHLANDS HOSPITALITY, INC.**

Principal Place of Business

**309 SOUTH CIR  
P.O. BOX 2001  
SEBRING FL 33871**

Mailing Address

**309 SOUTH CIR  
P.O. BOX 2001  
SEBRING FL 33871**

3. Date Incorporated or Qualified  
**06/12/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEE, MICHAEL R  
309 SOUTH CIRCLE  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name

**Audrey Vickers**

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

**1825 Wright Lane?**

83

**Florida**

84 City

**Florida**

**FL**

85 Zip Code  
**33857**

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

**Audrey Vickers**

**April 26, 1996**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **HAZELETT, DAVID**  
STREET ADDRESS **4314 LEWIS AVE**  
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☐ DELETE  
NAME **STEWART, MARK**  
STREET ADDRESS **836 S.E. LAKEVIEW DR.**  
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☒ DELETE  
NAME **BOND, ANNE D.**  
STREET ADDRESS **2206 SUNRISE DR.**  
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☐ DELETE  
NAME **VICKERS, AUDREY**  
STREET ADDRESS **1825 WRIGHT LANE**  
CITY-ST-ZIP **LORIDA FL**

TITLE **D** ☒ DELETE  
NAME **LEE, MICHAEL R.**  
STREET ADDRESS **6628 GRANADA BLVD.**  
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☒ DELETE  
NAME **MITCHELL, SHARON E.**  
STREET ADDRESS **140 CIRCLE STR**  
CITY-ST-ZIP **AVON PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE **President/Director** ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE **LAKE PLACID CHAMBER OF COMMERCE**  
32 NAME **JOEL LOWMAN, DIRECTOR & VP**  
33 STREET ADDRESS **10 EAST INTERLAKE BLVD**  
34 CITY-ST-ZIP **LAKE PLACID FL 33852**

41 TITLE **Member (D)** ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE **AVON PARK CHAMBER OF COMMERCE**  
52 NAME **MARIA T SUTHERLAND Sec, H & H**  
53 STREET ADDRESS **28 EAST MAIN STREET**  
54 CITY-ST-ZIP **AVON PARK FL 33825**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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:

**Maria T. Sutherland**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-30-96**  
Date

**(941) 453-3350**  
Daytime Phone #

CR2E037 (12/95)