FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47072 (6)

1. Corporation Name
HIGHLANDS RIDGE HOMEOWNERS ASSOCIATION OF SEBRIN G, INC.

Principal Place of Business	Mailing Address
2896 S. DOCKSIDE DE AVON PARK FL 33825 US	2896 SO DOCKSIDE DR AVON PARK FL 33825 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0321051 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHOMMER, NICHOLAS G PA
329 SO COMMERCE AVE
SEBRING FL 33870

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRISON, JIM	1.2 NAME		
STREET ADDRESS	2819 S MAINSAIL DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ST. SAUVER, MARCEL	2.2 NAME		
STREET ADDRESS	2957 E. FAIRWAY VISTA DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	P	☒ Change ☐ Addition
NAME	EPPS, MARVIN	3.2 NAME	MARIAN DEININGER	
STREET ADDRESS	2805 E SPINNAKER DR	3.3 STREET ADDRESS	2939 E. FAIRWAY VISTA DR.	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	T	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	CONKLIN, ALAN	4.2 NAME	JUDY HENRICH	
STREET ADDRESS	2784 E. WATERVIEW DR.	4.3 STREET ADDRESS	2788 E. WATERVIEW DR.	
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	S	5.1 TITLE	T	☒ Change ☐ Addition
NAME	KREBS, MILLER	5.2 NAME	BEVERLY EVERS	
STREET ADDRESS	2816 E. SPINNAKER DR.	5.3 STREET ADDRESS	3300 E. GREENSKEEPER DR.	
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	VP	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSS, MATTIE	6.2 NAME	DEAN GRAHAM	
STREET ADDRESS	2825 S DRIFTWOOD CT	6.3 STREET ADDRESS	2896 S. DOCKSIDE DR.	
CITY-ST-ZIP	AVON PARK FL	6.4 CITY-ST-ZIP	AVON PARK, FL. 33825	

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: MARCEL ST. SAUVEUR Marcel St. Sauveur 4/25/95 813 471-3734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONTINUED