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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N47072 **DOCUMENT #**

(6)

HIGHLANDS RIDGE HOMEOWNERS ASSOCIATION OF SEBRIN G. INC.

Mailing Address Principal Place of Business 2896 SO DOCKSIDE DR 2896 S. DOCKSIDE DE AVON PARK FL 33825 **AVON PARK FL 33825** 3. Date incorporated or Qualified 01/29/1992 3a. Date of Last Report 05/01/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0321051 Not Applicable 26 21 \$8.75 Additional Suite Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHOMMER, NICHOLAS G PA Street Address (P.O. Box Number is Not Acceptable) 82 329 SO COMMERCE AVE 83 SEBRING FL 33870 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. If am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed han a of registered agent and littent applicable (NOTE: Registered Agent signature required when reinstalling ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE $\sqrt{\mathcal{B}}, \overline{\mathcal{T}}, \mathcal{D}$ 1 1 TITLE TITLE MORRISON, JIM 1.2 NAME NAME 2819 S MAINSAIL DR 1.3 STREET ADDRESS STREET ADDRESS AVON PARK FL 1.4 C-TY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2 1 THEF TITLE WARREN CHANDLER ST. SAUVER, MARCEL 2868 S. DRIFTLYCOD COURT 2.2 NAME NAME 2957 E. FAIRWAY VISTA DR 2.3 STREET ADDRESS STREET ADDRESS AVEN PARK, FL 33825 AVON PARK FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE DEININGER, MARIAN-3.2 NAME NAME 2939 E PAIRWAY VISTA DR. 33 STREET ADDRESS STREET ADDRESS AVON PARK FL 34 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THLE TITLE HENRICH, JUDY-4 2 NAME NAME 2788 E. WATERVIEW DR. 4.3 STREET ADDRESS STREET ADDRESS TAVON PARK FL 4 4 CITY - ST - ZIF CITY-ST-ZIP 1000018489 Pane DELETE 5.1 TITLE TITLE EVERS, BEVERLY -06/04/96--01009--007 5.2 NAME NAME 3300 E. GREENSKEEPER DR. 5.3 STREET ADDRESS ***81.25 STREET ADDRESS AVON PARK FL 5.4 CITY - ST - ZIP CITY-ST-ZIP P., S., D. DELETE 6 1 TITLE TITLE GRAHAM, DEAN 6.2 NAME NAME

14. 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 early, 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2896 S. DOCKSIDE DR.

AVON PARK FL

DEAN H. GRAHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037