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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

542582 - 90335 - 50

DOCUMENT # N47072

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3340 E. GREENSKEEPER DR	26 3340 E. GREENSKEEPER DR	01/29/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0321051 ☐ Applied For ☐ Not Applicable
City & State 23 AVON PARK FL	City & State 28 AVON PARK FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33825 25 US	Zip / Country 29 33825 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOMMER, NICHOLAS G PA 329 SO COMMERCE AVE SEBRING FL 33870	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 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 _____ 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	VPTD	☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MORRISON, JIM		1.2 NAME	BOWERS, JIM
STREET ADDRESS	2819 S MAINSAIL DR		1.3 STREET ADDRESS	3340 E. GREENSKEEPER DR
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE	D	☒ DELETE	2.1 TITLE	VPSD ☒ Change ☐ Addition
NAME	CHANDLER, WARREN		2.2 NAME	ANDERSON, GINNY
STREET ADDRESS	2868 SOUTH DRIFTWOOD		2.3 STREET ADDRESS	2890 SOUTH DOCKSIDE DR
CITY-ST-ZIP	AVON PARK FL 33825		2.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE	PSD	☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	GRAHAM, DEAN		3.2 NAME	SPENNY, LOUISE
STREET ADDRESS	2896 S. DOCKSIDE DR		3.3 STREET ADDRESS	2953 EAST SPINNAKER DR
CITY-ST-ZIP	AVON PARK FL 33825		3.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-5-99 — 941-382-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #