

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47072

1. Entity Name

HIGHLANDS RIDGE HOMEOWNERS ASSOCIATION OF SEBRIN

Principal Place of Business

3340 E. GREENS KEEPER DR.
AVON PARK FL 33825
US

Mailing Address

3340 E. GREENS KEEPER DR.
AVON PARK FL 33825-6029
US

2. Principal Place of Business

2896 S. DOCKSIDE DR

3. Mailing Address

2896 S. DOCKSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK, FL

City & State

AVON PARK, FL

4. FEI Number

65-0321051

Applied For

Not Applicable

Zip

33825

Country

USA

Zip

33825

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOWERS, JIM
STREET ADDRESS 3340 E. GREENS KEEPER DR
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

TITLE VSD
NAME ANDERSON, GINNY
STREET ADDRESS 2890 S. DOCKSIDE DR
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

TITLE TD
NAME SPENNY, LOUISE
STREET ADDRESS 2853 W. SPINNAKER DR
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRAHAM, DEAN
STREET ADDRESS 2896 S. DOCKSIDE DR.
CITY-ST-ZIP AVON PARK, FL 33825 ☒ Change ☐ Addition

TITLE V/D
NAME RAMSEY, GLORIA
STREET ADDRESS
CITY-ST-ZIP AVON PARK, FL 33825 ☒ Change ☐ Addition

TITLE S/D
NAME JACOB, MARY
STREET ADDRESS
CITY-ST-ZIP AVON PARK, FL 33825 ☒ Change ☐ Addition

TITLE T/D
NAME MORRISON, JAMES
STREET ADDRESS
CITY-ST-ZIP AVON PARK, FL 33825 ☒ Change ☐ Addition

TITLE D
NAME BRANDLE, DAVID
STREET ADDRESS
CITY-ST-ZIP AVON PARK, FL 33825 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

863-471-9713

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE