## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 27, 2001 8:00 am DOCUMENT # N47072 **Secretary of State** 1. Entity Name 01-27-2001 90080 009 \*\*\*\*61.25 HIGHLANDS RIDGE HOMEOWNERS ASSOCIATION OF SEBRIN Principal Place of Business Mailing Address 2096 S. DOCKSIDE DR 2896 S. DOCKSIDE DR enatas33 AVON PARK FL 33825 AVON PARK FL 33825 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0321051 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHOMMER, NICHOLAS G PA 329 SO COMMERCE AVE SEBRING FL 33870 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 \_Trust Fund Contribution. \_ . Added to Fees ... Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Addition TITLE TITLE ☐ Change ☐ Delete GRAHAM, DEAN NAME STREET ADDRESS 2896 S. DOCKSIDE DR STREET ADDRESS CITY-ST-ZIP **AVON PARK FL 33825** CITY-ST-ZIP ٧D TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMSEY, GLORIA NAME STREET ADDRESS 2896 S. DOCKSIDE DR STREET ADDRESS AVON PARK FL 33825 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition JACOBS, MARY NAME NAME STREET ADDRESS 2896 S. DOCKSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 33825** TITLE Change ☐ Addition ☐ Delete TITLE MORRISON, JAMES NAME NAME STREET ADDRESS 2896 S. DOCKSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRANDLE, DAVID NAME NAME STREET ADDRESS 2896 S. DOCKSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 33825** TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE

ES. Morrison 1/18/01 863-471-9828