

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90416 043 \*\*\*\*61.25

**DOCUMENT # N94000006041**

1. Entity Name  
**VILLAGES OF HIGHLANDS RIDGE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**3003 FAIRWAY VISTA DR  
AVON PARK, FL 33825 US**

Mailing Address  
**3003 FAIRWAY VISTA DR  
AVON PARK, FL 33825 US**

**50013032**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0585994**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESEROLL, DAVID B JR  
3003 FAIRWAY VISTA DR  
AVON PARK, FL 33825**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BEST, TED**  
STREET ADDRESS **3421 E GLENEAGLES DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **DST** ☒ Delete  
NAME **SIMPKINS, SUSAN**  
STREET ADDRESS **4019 CARTER CREEK DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☐ Delete  
NAME **HARDNER, RUSSELL**  
STREET ADDRESS **3120 S TURNBERRY CT**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☒ Delete  
NAME **CURRIE, SALLY**  
STREET ADDRESS **3196 E PEBBLE CREEK DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **DV** ☒ Delete  
NAME **COLE, JAMES**  
STREET ADDRESS **4017 CARTER CREEK DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☐ Delete  
NAME **KIRKPATRICK, ROBERT**  
STREET ADDRESS **3115 OAKMONT DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition  
NAME **BEST, TED**  
STREET ADDRESS **3421 E GLENEAGLES DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D/S/T** ☐ Change ☒ Addition  
NAME **REICHERT, PEGGY**  
STREET ADDRESS **3513 E. GLENEAGLES DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☒ Change ☐ Addition  
NAME **HARDER, RUSSELL**  
STREET ADDRESS **3120 S TURNBERRY CT**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D/V** ☐ Change ☒ Addition  
NAME **EVANS, EDWIN**  
STREET ADDRESS **4120 CARTER CREEK LANE**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☐ Change ☒ Addition  
NAME **HOOKER, HAROLD**  
STREET ADDRESS **3409 E. ST. ANDREWS DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☐ Change ☒ Addition  
NAME **HENRICH, KENT**  
STREET ADDRESS **4023 CARTER CREEK DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*Theodore H. Best* 4-11-06 (863) 314-0710