

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002014

FILED
Feb 23, 2009
Secretary of State

Entity Name: HIGHLAND LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1510 N BROADWAY
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 2653
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3101191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNDERS, THOMAS C
480 S BROADWAY AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUS, JOHN
Address: 2190 BOARDMAN RD.
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: CREASY, JAY
Address: 2170 BOARDMAN ROAD
City-St-Zip: BARTOW, FL 33830

Title: S () Delete
Name: FUS, JANET
Address: 2190 BOARDMAN RD
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: BRETZ, GAIL
Address: 1720 BOSARGE DR
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: HUCKS, ELIZABETH
Address: 1735 BOSARGE DR
City-St-Zip: BARTOW, FL 33830

Title: T () Delete
Name: CRAIG, NANCY
Address: 1770 BOSARGE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FUS, JOHN
Address: 2190 BOARDMAN RD.
City-St-Zip: BARTOW, FL 33830

Title: V (X) Change () Addition
Name: CREASY, JAY
Address: 2170 BOARDMAN ROAD
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change () Addition
Name: FUS, JANET
Address: 2190 BOARDMAN RD
City-St-Zip: BARTOW, FL 33830

Title: P (X) Change () Addition
Name: BRETZ, GAIL
Address: 1720 BOSARGE DR
City-St-Zip: BARTOW, FL 33830

Title: S (X) Change () Addition
Name: HUCKS, ELIZABETH
Address: 1735 BOSARGE DR
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY CRAIG

T

02/23/2009

Electronic Signature of Signing Officer or Director

Date