

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90166 034 ****61.25

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1. Corporation Name

HIGHLANDS RIDGE/SCOTTISH LINKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

~~2801 CLUBHOUSE BLVD.~~
~~AVON PARK FL 33825~~

Mailing Address

~~2801 CLUBHOUSE BLVD.~~
~~AVON PARK FL 33825~~



2. Principal Place of Business

21 3003 FAIRWAY VISTA DR
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

City & State

23 AVON PARK, FL

City & State

28

Zip Country

24 33825 25

Zip Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JUVE, JOHN B
2801 CLUBHOUSE BLVD.
AVON PARK FL 33825

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DSTP
JUVE, JOHN B
STREET ADDRESS 2801 CLUBHOUSE BLVD.
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ DELETE

NAME DV
DENNING, GARY C
STREET ADDRESS 2801 CLUBHOUSE BLVD.
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☒ DELETE

NAME D
DICKEY, NANCY P
STREET ADDRESS 2801 CLUBHOUSE BLVD.
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
ROBIN A. REED
1.3 STREET ADDRESS 3003 FAIRWAY VISTA DR
1.4 CITY-ST-ZIP AVON PARK, FL 33825

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-199 941-471-9926

CR2E037 (1/1/98)