

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90144 024 ****61.25

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1. Corporation Name

HIGHLANDS AIRBOAT ASSOCIATION, INC.

Principal Place of Business

404 ADAMS AVENUE
LAKE PLACID FL 33852

Mailing Address

404 ADAMS AVENUE
LAKE PLACID FL 33852



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO Box 3156 Suite, Apt. #, etc.

27 City & State

28 LAKE PLACID FL Zip Country

29 33852

30 USA

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

Applied For
☒ Not Applicable

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

BONETT, JOSEPH
404 ADAMS AVENUE
LAKE PLACID FL 33852

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 D ☐ DELETE

NAME BONETT, JOSEPH
STREET ADDRESS 404 ADAMS AVENUE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☐ DELETE

NAME KEENE, PAT
STREET ADDRESS 2 GEORGE AVENUE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ DELETE

NAME KELLEY, HARRY
STREET ADDRESS 1621 LINDBERG AVENUE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ DELETE

NAME KELLEY, LARRY
STREET ADDRESS 1621 LINDBERG AVENUE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ DELETE

NAME YOUNGMAN, AL
STREET ADDRESS 1325 NORTH OAK RIDGE DR.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☐ DELETE

NAME CLAY, TED
STREET ADDRESS 509 LAKESIDE DR.
CITY-ST-ZIP LAKE PLACID FL 33852

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S/T Campbell OPAL V. ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME BOYER DAVE
4.3 STREET ADDRESS 1615 BRADLEY ST
4.4 CITY-ST-ZIP LAKE PLACID FL 33852

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME ZUBERBIER GLEN D.
5.3 STREET ADDRESS 16 LIANE RD
5.4 CITY-ST-ZIP LAKE PLACID FL 33852

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 25, 1999 941-465-6193

CR2E037 (11/98)