

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719239

Entity Name: HIGHLANDS LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.**Current Principal Place of Business:**2840 N HIGHLANDS BLVD.
AVON PARK, FL 33825**Current Mailing Address:**P.O. BOX 7
AVON PARK, FL 33826 US**FEI Number: 27-4032697****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MORSE, MICHAEL PJR
2840 N HIGHLANDS BLVD
AVON PARK, FL 33825 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	CLEMENTS, KATHY
Address	P.O. BOX 7
City-State-Zip:	AVON PARK FL 33826

Title	VICE PRESIDENT
Name	OLSEN, KURT
Address	P.O. BOX 7
City-State-Zip:	AVON PARK FL 33826

Title	CEO
Name	MORSE, MICHAEL
Address	P.O. BOX 1871
City-State-Zip:	AVON PARK FL 33826

Title	TREASURER
Name	JOLIN, MICHELLE
Address	2489 N PRIMROSE RD
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	LARSEN, ALLEN L
Address	P.O. BOX 7
City-State-Zip:	AVON PARK FL 33826

Title	DIRECTOR
Name	BERRY, WILLIAM J
Address	2788 N. FARNUM RD
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	BALL, BRANDON
Address	P.O. BOX 7
City-State-Zip:	AVON PARK FL 33826

I hereby 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 all other like empowered.

SIGNATURE: KATHY CLEMENTS**BOARD PRESIDENT****04/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date