2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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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	SECRETARY
Name	MORSE, MICHAEL
Address	P.O. BOX 1871
City-State-Zip:	AVON PARK FL 33826

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

Title	DIRECTOR
Name	LOUZAU, REACHEAL
Address	P O BOX 7
City-State-Zip:	AVON PARK FL 33826

Title	DIRECTOR
Name	OLSEN, KURT
Address	P.O. BOX 7
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	BERRY, WILLIAM J
Address	2788 N. FARNUM RD
City-State-Zip:	AVON PARK FL 33825

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: MICHAEL MORSE SECRETARY 03/22/2015

Electronic Signature of Signing Officer/Director Detail — Date