

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719239

**Entity Name:** HIGHLANDS LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.

**FILED  
Apr 17, 2014  
Secretary of State  
CC2941399793**

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

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

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

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

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

Title D  
Name BULLOCK, ROBERT C  
Address 2840 N HIGHLANDS BLVD  
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**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date