

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753429

Entity Name: HIGHLAND LAKES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1400 LAKE TARPON AVE
TARPON SPRINGS, FL 34689**Current Mailing Address:**P.O. BOX 1294
TARPON SPRINGS, FL 34688 US**FEI Number: 59-2066446****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRANKLY COAST PROPERTY MGMT, LLC
1400 LAKE TARPON AVE
TARPON SPRINGS, FL 34689 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:** LYNN M PARRISH

04/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VAUGHN, ROBERT V
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name MARSH, ANTHONY
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title VP
Name SOZIO, CATHERINE
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title SECRETARY
Name CATANZARO, CAROL
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name SPENCER, CHRISTINE
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title TREASURER
Name MCCAUSTLAND, MARGARETE
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name NASH, DENNIS
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name WILCOPOLSKI, ROBERT
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

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: CAROL CATANZARO**SECRETARY**

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date