

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006928

**Entity Name:** HIGHLAND CREST HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**HIGHLAND CREST HOMEOWNERS' ASSOCIATION  
930 HIGHLAND CREST CIRCLE  
LAKE WALES, FL 33853**Current Mailing Address:**P.O. BOX 3831  
LAKE WALES, FL 33859**FEI Number:** 54-2080985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHILDS, FRANK LEIGHTON TREASURER  
930 HIGHLAND CREST CIRCLE  
LAKE WALES, FL 33853 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:** FRANK LEIGHTON CHILDS

06/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHNSON, BRENDA O  
Address        724 HIGHLAND CREST LOOP  
City-State-Zip: LAKE WALES FL 33853

Title            VP  
Name            VOGT, ANDREW  
Address        1039 HIGHLAND CREST CIRCLE  
City-State-Zip: LAKE WALES FL 33853

Title            SECRETARY  
Name            HOWARD, FELITA  
Address        730 HIGHLAND CREST LOOP  
City-State-Zip: LAKE WALES FL 33853

Title            TREASURER  
Name            CHILDS, FRANK L  
Address        930 HIGHLAND CREST CIRCLE  
City-State-Zip: LAKE WALES FL 33853

Title            DIRECTOR  
Name            HOLLOCK, JESSICA A  
Address        1015 HIGHLAND CREST CIRCLE  
City-State-Zip: LAKE WALES FL 33853

Title            DIRECTOR  
Name            VERNON, ARLENE  
Address        724 HIGHLAND CREST LOOP  
City-State-Zip: LAKE WAKES FL 33853

Title            DIRECTOR  
Name            WILLIAMS, DANIEL E  
Address        1081 HIGHLAND CREST CIRCLE  
City-State-Zip: LAKE WALES FL 33853

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:** FRANK LEIGHTON CHILDS

TREASURER

06/04/2020

Electronic Signature of Signing Officer/Director Detail

Date