

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005425

Entity Name: HIGHLAND OFFICE CENTER PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**34921 US HIGHWAY 19 N
PALM HARBOR, FL 34684**Current Mailing Address:**34921 US HIGHWAY 19 N
PALM HARBOR, FL 34684 US**FEI Number: 46-2419768****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWOPE LAW, P.L.
34921 US HIGHWAY 19 N
PALM HARBOR, FL 34684 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	PD
Name	SWOPE, SCOTT
Address	34921 US HIGHWAY 19 N
City-State-Zip:	PALM HARBOR FL 34684

Title	D
Name	MASHNOUK, FADI
Address	8441 E 32ND STREET N STE 200
City-State-Zip:	WICHITA KS 67226

Title	VPD
Name	LAGAMBA, WILLIAM
Address	34911 US HIGHWAY 19 N
City-State-Zip:	PALM HARBOR FL 34684

Title	ST
Name	SWOPE, MARGARET
Address	34921 US HIGHWAY 19 N
City-State-Zip:	PALM HARBOR FL 34684

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: SCOTT P. SWOPE**PRESIDENT****02/06/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date