

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000011258

Entity Name: THE HEIGHTS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**551 NORTH CATTLEMEN ROAD SUITE 200
SARASOTA, FL 34232**Current Mailing Address:**551 NORTH CATTLEMEN ROAD SUITE 200
SARASOTA, FL 34232 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, DIRECTOR
Name	STITH, NATHAN
Address	551 NORTH CATTLEMEN ROAD SUITE 200
City-State-Zip:	SARASOTA FL 34232

Title	VP, TREASURER, DIRECTOR
Name	BECKETT, DEBORAH
Address	551 NORTH CATTLEMEN ROAD SUITE 200
City-State-Zip:	SARASOTA FL 34232

Title	VP, SECRETARY, DIRECTOR
Name	PRICE, ROBERT
Address	551 NORTH CATTLEMEN ROAD SUITE 200
City-State-Zip:	SARASOTA FL 34232

Title	VP
Name	FONTANA, JOSEPH ("JOE")
Address	551 NORTH CATTLEMEN ROAD SUITE 200
City-State-Zip:	SARASOTA FL 34232

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: NATHAN STITH**PRESIDENT****04/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date