

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **725926** (0)  
1. Corporation Name

**HIGHLANDS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**675 SHEPARD RD WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified **03/27/1973** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-1462898** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCCULLOH, NEAL  
220 N. PALMETTO AVENUE  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D James Olson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAMMERT, MARK</b>	1.2 NAME	<b>617 Marni Dr.</b>
STREET ADDRESS	<b>410 MCGREGOR RD.</b>	1.3 STREET ADDRESS	<b>Winter Spr. Fl. 32708</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D Manny Aponte</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLICKMAN, MELVIN</b>	2.2 NAME	<b>828 Dunbar Terr.</b>
STREET ADDRESS	<b>675 SHEPARD ROAD</b>	2.3 STREET ADDRESS	<b>Winter Spr. FL. 32708</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D McGinnis, Sally</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGINNIS, SALLY</b>	3.2 NAME	
STREET ADDRESS	<b>510 CLUB DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Lammert, MARK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, MARGARET</b>	4.2 NAME	
STREET ADDRESS	<b>620 NIGHT HAWK CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>P Chiappone, Charles</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIAPPONE, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>456 MCGREGOR RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>S. Loewen, Anne</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEWEN, ANN</b>	6.2 NAME	
STREET ADDRESS	<b>413-1 SHEOAH BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark A. Lammert, Treasurer* 4/19/96 407-357-0640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

407-357-0640