

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 675 SHEPARD RD WINTER SPRINGS FL 32708-2032

3. Date Incorporated or Qualified 03/27/1973 3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

10. Name and Address of New Registered Agent

MCCULLOH, NEAL  
220 N. PALMETTO AVENUE  
ORLANDO FL 32801

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>Treas</del>	<input type="checkbox"/> DELETE
NAME	LAMMERT, MARK	
STREET ADDRESS	410 MCGREGOR RD.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	<del>Treas</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SPONTE, MANNY</del>	
STREET ADDRESS	<del>628 DUNBAR TERR</del>	
CITY-ST-ZIP	<del>WINTER SPRINGS FL</del>	
TITLE	<del>Treas</del>	<input type="checkbox"/> DELETE
NAME	MCGINNIS, SALLY	
STREET ADDRESS	510 CLUB DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	<del>Treas</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ANDERSON, MARGARET</del>	
STREET ADDRESS	<del>620 NIGHT HAWK CIRCLE</del>	
CITY-ST-ZIP	<del>WINTER SPRINGS FL</del>	
TITLE	<del>Treas</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>CHIAPPONE, CHARLES</del>	
STREET ADDRESS	<del>436 MCGREGOR RD</del>	
CITY-ST-ZIP	<del>WINTER SPRINGS FL</del>	
TITLE	<del>Treas</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>LOEWEN, ANN</del>	
STREET ADDRESS	<del>4101 SHEOH BLVD</del>	
CITY-ST-ZIP	<del>WINTER SPRINGS FL</del>	

1.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lammert, Mark	
1.3 STREET ADDRESS	410 McGregor Rd	
1.4 CITY-ST-ZIP	Winter Springs Fl, 32708	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McGinnis, Sally	
3.3 STREET ADDRESS	510 Club Drive	
3.4 CITY-ST-ZIP	Winter Springs, FL 32708	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike Baccaro	
4.3 STREET ADDRESS	10-3 Morce Loop	
4.4 CITY-ST-ZIP	Winter Springs Fl, 32708	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Helga Schwarty	
5.3 STREET ADDRESS	720 Galloway Ct	
5.4 CITY-ST-ZIP	Winter Springs, FL 32708	
6.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mitel Charles	
6.3 STREET ADDRESS	428 Club Drive	
6.4 CITY-ST-ZIP	Winter Springs, FL 32708	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)