

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90020 042 ****61.25

DOCUMENT # 725926

1. Entity Name
HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
675 SHEPARD RD **675 SHEPARD RD**
WINTER SPRINGS FL 32708 **WINTER SPRINGS FL 32708-2032**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1462898 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required*

6. Name and Address of Current Registered Agent
MCCULLOH, NEAL
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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: Mc Culloh, Neal DATE: 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LAMMERT, MARK
STREET ADDRESS	410 MCGREGOR RD.
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> Delete
NAME	MCGINNIS, SALLY
STREET ADDRESS	510 CLUB DR
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BACCARO, MIKE
STREET ADDRESS	10-S MOREE LOOP
CITY-ST-ZIP	WINTER SPRING FL
TITLE	<input type="checkbox"/> Delete
NAME	SCHWARZ, HELGA
STREET ADDRESS	720 GALLOWAY CT
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> Delete
NAME	CHEKES, MITCH
STREET ADDRESS	428 CLUB DR
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	COOK, GAIL
STREET ADDRESS	606 MARNI DR.
CITY-ST-ZIP	WINTER SPGS FL 32708

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lammert, Mark
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGinnis, Sally
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Kuiper, Steve
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwarz, Helga
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cherkes, Mitch
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buscemi, Paul
STREET ADDRESS	629 Clearn Ct
CITY-ST-ZIP	Winter Springs, FL 32708

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neal McCulloh DATE: 4/20/00 TELEPHONE: 407-327-0640

CR2E037 (9/99)