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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738178

1. Corporation Name

HIGHLAND LAKES CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business

C/O SEABOARD ARBORS MGT SERVICES INC
1700 MCMULLEN BOOTH C-3
CLEARWATER FL 34619

Mailing Address

C/O SEABOARD ARBORS MGT SERVICES INC
1700 MCMULLEN BOOTH C-3
CLEARWATER FL 34619



2. Principal Place of Business

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

2a. Mailing Address

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

3. Date Incorporated or Qualified

02/22/1977

4. FEI Number

59-1723790

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

9. Name and Address of Current Registered Agent

LEIGHTON. LENNARD
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

10. Name and Address of New Registered Agent

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

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

TITLE: VD
NAME: FAILLA, JOE
STREET ADDRESS: 1227-D QUEEN ANNE DRIVE
CITY-ST-ZIP: PALM HARBOR FL

TITLE: PD
NAME: PRIUM, JEANNE
STREET ADDRESS: 1339-C QUEEN ANNE DRIVE
CITY-ST-ZIP: PALM HARBOR FL

TITLE: TD
NAME: WINSTON MCNAMARA
STREET ADDRESS: 1335C QUEEN ANNE DRIVE
CITY-ST-ZIP: PALM HARBOR FL

TITLE: D
NAME: LEIER, FRANK
STREET ADDRESS: 1223 QUEEN ANNE LANE
CITY-ST-ZIP: PALM HARBOR FL

TITLE: SD
NAME: PASCIULLO DORIS
STREET ADDRESS: 1223-D QUEEN ANNE DRIVE
CITY-ST-ZIP: PALM HARBOR FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME: VD
1.3 STREET ADDRESS: DICK GURGUI
1.4 CITY-ST-ZIP: 1335-C QUEEN ANNE DRIVE
PALM HARBOR, FL 34684

2.1 TITLE: Change Addition
2.2 NAME: TD
2.3 STREET ADDRESS: ALLEN WRIGHT
2.4 CITY-ST-ZIP: 1223-B QUEEN ANNE DR.
PALM HARBOR, FL 34684

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME: PD
5.3 STREET ADDRESS: DORIS PASCIULLO
5.4 CITY-ST-ZIP: 1223-D QUEEN ANNE DRIVE
PALM HARBOR, FL 34684

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DATE

Daytime Phone #

CR2E037 (1/198)