

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047480

DOCUMENT # 738178

1. Entity Name
HIGHLAND LAKES CONDOMINIUM VI ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 FEB 27 AM 11:35

Principal Place of Business
**2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765**

Mailing Address
**2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-1723790** Applied For
Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEIGHTON, LENNARD
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
NAME **GURGUI, DICK**
STREET ADDRESS **1335C QUEEN ANNE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

Change Addition
900013148729
02/27/03--01017--003 **\$61.25

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

Change Addition

TITLE **PD** Delete
NAME **PASCIULLO DORIS**
STREET ADDRESS **1223-D QUEEN ANNE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

Change Addition

TITLE **STD** Delete
NAME **FAILLA, ANN**
STREET ADDRESS **1227-D QUEEN ANNE DR**
CITY-ST-ZIP **PALM HARBOR FL**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *[Signature]* **2/20/03** **727-787-6507**

CR2E037 (10/02)