

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741399 (0)
 1. Corporation Name
HIGHLAND LAKES CONDOMINIUM VIII ASSOCIATION, INC

Principal Place of Business STERLING FIN MGMT. INC. 1301 SEMINOLE BLVD., STE 172 LARGO FL 33770 US	Mailing Address STERLING FIN MGMT. INC. 1301 SEMINOLE BLVD., STE 172 LARGO FL 33770 US
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3. Date Incorporated or Qualified
01/19/1978

4. FEI Number
59-1792436

Applied For
 Not Applicable

21. Principal Place of Business 21 CALIBER CONDO MGT INC Suite, Apt. #, etc. 22 1801 PEPPERTREE DR. City & State 23 OLDSMAR FL Zip Country 24 34677 25 USA	2a. Mailing Address 26 C/O CALIBER CONDO MGT INC Suite, Apt. #, etc. 27 1801 PEPPERTREE DR. City & State 28 OLDSMAR FL Zip Country 29 34677 30 USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**STERLING FIN & MGMT INC
 1301 SEMINOLE BLVD
 172
 LARGO FL 33770**

10. Name and Address of New Registered Agent

81 Name
CALIBER CONDOMINIUM MANAGEMENT INC

82 Street Address (P.O. Box Number is Not Acceptable)
1801 PEPPERTREE DR.

83

84 City **OLDSMAR** **FL** 85 Zip Code **34677**

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 **MARJORIE J. BROWN PRES**
CALIBER CONDOMINIUM MGT INC
 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) **3-25-98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULTON, PHILIP	1.2 NAME	
STREET ADDRESS	2846-D HIGHLANDS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DNATALE, JIM	2.2 NAME	
STREET ADDRESS	2842-B HIGHLAND BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, MALCOLM	3.2 NAME	
STREET ADDRESS	2800-B SHERBROOKE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBSON THOMAS	4.2 NAME	SD
STREET ADDRESS	2842 C HIGHLANDS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCESE, NOEL	5.2 NAME	D
STREET ADDRESS	2821-B SHERBROOKE LANE	5.3 STREET ADDRESS	GEROW, JAMES
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	2815-D SHERBROOKE LANE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Philip Fulton - PHILIP F. FULTON PRES 3/26/98 (813) 854-3177**

CF2E037 (10/97)