

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2000 90398 009 \*\*\*\*61.25

**DOCUMENT # 741399**

1. Entity Name

**HIGHLAND LAKES CONDOMINIUM VIII ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**CALIBER CONDO MGMT INC  
 1801 PEPPER TREE DR  
 OLDSMAR FL 34677  
 US**

**C/O CALIBER CONDO MGT INC  
 1801 PEPPERTREE DR  
 OLDSMAR FL 34677-2741  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**32708 US 19 NORTH**

**HL CONDO VIII  
 32708 US 19 NORTH**

City & State

City & State

**PALM HARBOR FL**

**PALM HARBOR**

4. FEI Number

**59-1792436**

Applied For

Not Applicable

Zip

Country

**34684**

**FLORIDA**

Zip

Country

**34684**

**PINELLAS**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALIBER CONDOMINIUM MANAGEMENT IN C  
 1801 PEPPERTREE DR  
 172  
 OLDSMAR FL 34677**

Name

**CALIBER CONDOMINIUM MGT**  
 Street Address (P.O. Box Number is Not Acceptable)

**32708 US 19 NORTH**

City

**PALM HARBOR**

**FL**

Zip Code

**34684**

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FULTON, PHILIP</b>	
STREET ADDRESS	<b>2846-D HIGHLANDS BLVD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DINATALE, JIM</b>	
STREET ADDRESS	<b>2842-B HIGHLAND BLVD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PLUMMER, MALCOLM</b>	
STREET ADDRESS	<b>2809-B SHERBROOKE LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MARIONNEAUX, LARRY</b>	
STREET ADDRESS	<b>2846-A HIGHLAND BLVD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEROW, JAMES</b>	
STREET ADDRESS	<b>2815-D SHERBROOKE LN</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Larry Marionneau*  
**LARRY MARIONNEAUX**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/00**  
 Date

**(727) 772-1996**  
 Daytime Phone #

CR2E037 (9/99)