

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90015 020 ****61.25

0060978

DOCUMENT # 741399

1. Entity Name

HIGHLAND LAKES CONDOMINIUM VIII ASSOCIATION, INC

Principal Place of Business

32708 US 19 NORTH
 PALM HARBOR FL 34684
 US

Mailing Address

HL CONDO VIII
 32708 US 19 NORTH
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1792436

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CALIBER CONDOMINIUM MANAGEMENT IN C
32708 US 19 NORTH
PALM HARBOR FL 34684

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

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

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 MARIONNEAUX
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY MARIONNEAUX
 Date **PRES**

727/772-1996
 Daytime Phone # **4-5-01**

CR2E037 (10/00)