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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755501 (4)
1. Corporation Name
HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.



Principal Place of Business Mailing Address
~~C/O INFINITI PROPERTY MANAGEMENT INC~~
~~1301 SEMNOL BLVD STE 110~~
~~LARGO FL 34640~~
~~US~~
 C/O INFINITI PROPERTY MANAGEMENT INC
 1301 SEMNOL BLVD STE 110
 LARGO FL 33720-8124
 US

3. Date Incorporated or Qualified 12/11/1980
 3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address
 21 c/o C&N PROP MGMT INC 26 c/o C&N PROP MGMT INC
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 26 97B SUNSET PT RD 27 2697B SUNSET PT RD
 City & State City & State
 23 CLEARWATER, FL 28 CLEARWATER, FL
 Zip Country Zip Country
 24 33759 25 USA 29 33759 30 USA

4. FEI Number 59-2192600 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 INFINITI PROPERTY MANAGEMENT INC
 1301 SEMNOL BLVD STE 110
 LARGO FL 34640-5182

10. Name and Address of New Registered Agent
 81 Name NASSER, WILLIAM J.
 82 Street Address (P.O. Box Number is Not Acceptable) c/o C&N PROP MGMT INC
 83 2697B SUNSET PT RD
 84 City CLEARWATER FL 85 Zip Code 33759

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: *William J. Nasser* DATE: 4/26/97
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, WILLIAM	
STREET ADDRESS	3440 MCLAREN DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEEAN, EMIL	
STREET ADDRESS	3468 MACLAREN DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FUNK, FERN	
STREET ADDRESS	3434 MACLAREN DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOUCHARD, JAMES	
STREET ADDRESS	3454 MACLAREN DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAARSCHMIDT, KATHY	
STREET ADDRESS	3445 MCLAREN DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FUNK, FERN
3.3 STREET ADDRESS	3434 MACLAREN DR.
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
4.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOUCHARD, JAMES
4.3 STREET ADDRESS	3454 MACLAREN DR.
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do 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: *William J. Nasser* DATE: 4/24/97 DAYTIME PHONE: 813-799-0079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)