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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

755501

1. Corporation Name

HIGHLAND LAKES DUPLEX VILLAGE 1 HOMEOWNERS' ASSOC.

Principal Place of Business

Mailing Address

3438 East Lake Rd., #22
Palm Harbor, FL 34685

3438 East Lake Rd., #22
Palm Harbor, FL 34685

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/11/80

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2192600

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William J. Nasser
2697B Sunset Point Rd.
Clearwater, FL 33759

81

Name

James M. Nolan

82

Street Address (P.O. Box Number is Not Acceptable)

3438 East Lake Rd., #22

83

84

City

Palm Harbor

FL

85

Zip Code
34685

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

James M. Nolan

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME Harold Jablonski
STREET ADDRESS 3482 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME Wm. Myers
STREET ADDRESS 3440 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME E. W. Martin
STREET ADDRESS 3449 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Patrick Connolly
STREET ADDRESS 3476 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Phyllis A. Foster
STREET ADDRESS 3444 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Phyllis A. Foster
STREET ADDRESS 3444 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Phyllis A. Foster
STREET ADDRESS 3444 MacLaren Dr.
CITY-ST-ZIP Palm Harbor, FL 34684

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Harold Jablonski* Harold Jablonski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (727) 785-8887
Date Daytime Phone #