

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90293 021 \*\*\*\*61.25



**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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2192600

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

Country

29

Zip

30

Country

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*

4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Harold Jablonski	
STREET ADDRESS	3482 MacLaren Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Wm. Myers	
STREET ADDRESS	3440 MacLaren Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	E. W. Martin	
STREET ADDRESS	3449 MacLaren Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Patrick Connolly	
STREET ADDRESS	3476 MacLaren Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Phyllis A. Foster	
STREET ADDRESS	3444 MacLaren Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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

4/28/99 (727) 785-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #